

# Progress Report 6

Sustainable Health Care Waste Management in Gauteng

May 2004

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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

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. Much of the project resources are currently being used at supporting the sustainable roll-out of the new health care waste tender for the Gauteng Department of Health and dealing with unexpected teething problems with the tender.

The R 456,120 that was provided by DACEL in support of the preparation for the Health Care Waste Tender Roll-out has been achieved by the Lead Consultant Magellan Riskservices (Janet Magner) and the project is completed.

The Provincial Health Care Waste Management tender was awarded to three companies on the 8<sup>th</sup> of March 2003 and since the award the three winning companies have been preparing for the tender roll-out. The Project has conducted a 3 day training course for the trainers appointed by the three service providers to ensure uniform approach and mutual understanding of objectives and outputs. An agreement has been reached on joint development and branding of training posters and other training material by the three service providers. The three winning Service Providers are:

1. Phambiliwasteman (Region A)
2. Buhle Waste (Region B)
3. Evertrade Medical Waste (Region C)

In addition to the above, it was decided to award the contract of supplying durable (stands, wall brackets etc.) and disposable (bags, sharps containers, specicans etc.) items to one Supplier for all three regions, and that contract was given to:

- Evertrade Medical Waste (All regions)

This was motivated by an opportunity for the first time to have South African manufacturing of high quality sharps containers and specicans of international standard for the benefit of not just the Gauteng Department of Health but also other health care providers in Southern Africa who are expected to be able to procure the equipment of international standard more affordably once it has been manufactured locally.

Whilst the Project has drafted two pieces of provincial regulations and it was envisaged that these regulations would be promulgated by January 2004, it now appears that the regulations may be gazetted by July/August 2004 only as the South African elections and the subsequent change of MEC, among others, has resulted in a significant delay. 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 web-based Waste Information System has been upgraded to include domestic waste disposed to landfills and hazardous waste disposed at landfills in addition to the treatment plants for health care risk waste only, as originally envisaged.

DACEL has requested and received a budget of R 6.3 million that is allocated towards further development and anchoring of the initiatives produced by the DANIDA supported HCRW project. The DACEL Business Plan includes the following components:

**Table 1: DACEL R 6.3 Million New Business Plan for further develop and anchor the HCW Project Outputs (Not part of the DANIDA supported Project)**

<b>Activity</b>	<b>Output</b>	<b>Budget</b>
A. Domestic waste management in provincial health care institutions	<ul style="list-style-type: none"> <li>▪ Undertake an audit in all provincial hospitals and clinics to identify any gaps or shortcomings in the domestic waste management system</li> <li>▪ Approve the quotations provided in the new HCRW disposal tender for the provision and fitting of domestic waste receptacles as identified by the audit at all provincial hospitals and clinics in Gauteng</li> <li>▪ Tender out the provision of wheeled domestic waste collection</li> </ul>	R400 000 (this cost includes the audits of storage facilities) R2 000 000 (Provision of domestic waste receptacles) R300 000 Wheeled domestic bins
B. Provision of adequate on-site storage facilities for health care waste management	<ul style="list-style-type: none"> <li>▪ Undertake an audit of public health care institutions to determine the need for improvements in the existing storage capacity at institutions</li> <li>▪ Based on the findings of the audit prepare designs, and tender out the construction of improved storage facilities</li> </ul>	Audit included in the activity above R2 000 000 (construction costs)
C. Support to health care institutions through the roll out plan	<ul style="list-style-type: none"> <li>▪ Ongoing support will be provided to assist with logistics, trouble shooting and ordering</li> <li>▪ (DACEL will support R200 000 towards this support in the current budget cycle)</li> </ul>	<i>R200 000 for 2003 – 2004 from existing budget</i> R150 000 for 2004 – 2005 R100 000 for 2005 - 2006
D. Internal & External training program to support program	<ul style="list-style-type: none"> <li>▪ Financial provision for 100 persons to attend a 5 day training workshop July 2004</li> <li>▪ Design and provision of printed material depicting the management system</li> <li>▪ Development of a video visually explaining the segregation process</li> <li>▪ Printing and distributing the Health Care Risk waste management guidelines (2 copies to all provincial hospital 140)</li> </ul>	Training course 2004-2005 R100 000 2005-2006 R100 000 Printed material R100 000 Development of the segregation video R400 000 Printing of the HCRW Guidelines R80 000
E. Independent auditing of HCRW management system and tender	<ul style="list-style-type: none"> <li>▪ Consultancy support to the DoH to ensure that there is compliance to the tender and the system</li> </ul>	2004 – 2005 R400 000 2005 – 2006 R400 000
F. Promoting “Bring system” for small generators of HCRW and home base care givers	<ul style="list-style-type: none"> <li>▪ Budget cycle 2005 – 2006 two awareness raising campaigns will be undertaken</li> <li>▪ Budget cycle 2006 – 2007 two awareness raising campaigns will be undertaken</li> </ul>	2005 – 2006: R1 000 000 2006 – 2007: R 500 000  (funds from A above to be moved to this activity as A is not required anymore and F is a priority now)
G. Development of Integrated HCRW plans for Health Care institutions	<ul style="list-style-type: none"> <li>▪ Provide consultancy support to assist provincial HC institutions to develop Integrated health care risk waste management plans as required by the HCRW regulations</li> </ul>	R400 000

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.

**Table 2: Activities, Outputs and Status of the DANIDA Supported Project**

Activity	Activity Description	Outputs Description
1.1.1 ✓	1. Pre-project activities	<ul style="list-style-type: none"> <li>Status Quo Report</li> </ul>
1.2.1 ✓ 1.2.2 ✓ 1.2.3 ✓	1. Evaluate Status Quo & other sources 2. To draft a framework HCW Strategy 3. To consult/ agree Strategy & Action Pl.	<ul style="list-style-type: none"> <li>HCWM Policy (✓)</li> <li>Study Tour Report (✓)</li> </ul>
1.3.1 ✓ 1.3.2 ✓ 1.3.3 ✓ 1.3.4 P	1. Describe Framework HCWIS 2. Decision on HCWIS resources 3. Technical HCWIS principles 4. Adjustment of the DACEL HCWIS 5. Expansion of HCWIS to a general WIS	<ul style="list-style-type: none"> <li>HCWIS Design (✓)</li> <li>HCWIS Manual (✓) (A)</li> <li>Revised WIS for more waste types (✓)</li> </ul>
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"> <li>Draft Feasibility Study (✓)</li> <li>DACEL HCW Treatment Manual (✓)</li> <li>Non-burn Verification Protocol (✓) (A)</li> <li>Cost of compliance monitoring (Incin.) (✓)</li> </ul>
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"> <li>Draft HCWM Strategy &amp; Action Plans (✓)</li> <li>Final Strategy &amp; Action Plans (P, draft was accepted)</li> </ul>
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"> <li>Draft HCWM Guidelines (✓)</li> </ul>
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"> <li>Survey Report for Pilots (✓)</li> <li>HCW Composition Study Phase 1 (✓)</li> <li>HCW composition study phase 2 (✓)</li> <li>HCW composition study phase 3 (✓)</li> <li>Final Pilot Project Feed-back Report (✓) (A)</li> </ul>
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"> <li>Technical Specs and Tender Documents for HCWM. Final version produced and tender Awarded (✓)</li> <li>Assistance and follow-up with contract monitoring &amp; tender roll-out (P)</li> <li>Draft HCWM Regulations (✓) (A)</li> <li>Draft Waste Information System Regulations (✓) (A)</li> </ul>
2.4.1 ✓ 2.4.2 (✓) 2.4.3 (✓)	1. Review existing regulations 2. Specs HCRW collection and transport. 3. Standard Tender Doc	<ul style="list-style-type: none"> <li>Technical Specs and Tender Documents for HCWM. Final version produced and tender Awarded (✓)</li> </ul>

<b>Activity</b>	<b>Activity Description</b>	<b>Outputs Description</b>
2.4.4 (√)	4. Specific tender material for HCRW collection and transport	<ul style="list-style-type: none"> <li>• Assistance and follow-up with contract monitoring &amp; tender roll-out (P)</li> </ul>
2.5.1 (√) 2.5.2 (√) 2.5.3 (√) 2.5.4 (√)	<ol style="list-style-type: none"> <li>1. Review regulations treatment &amp; disposal</li> <li>2. Specs HCRW treatment and disposal.</li> <li>3. Tender material for treatment &amp; disposal.</li> <li>4. Specific tender material HCRW treatment &amp; disposal</li> </ol>	<ul style="list-style-type: none"> <li>• Technical Specs and Tender Documents for HCWM. Final version produced and tender Awarded (√)</li> <li>• Assistance and follow-up with contract monitoring &amp; tender roll-out (P)</li> </ul>
3.1.1 (√) 3.1.2 (√) 3.1.3 (√)	<ol style="list-style-type: none"> <li>1. Establish PMG &amp; PSC</li> <li>2. Establish interdepartmental co-operation.</li> <li>3. Establish mechanisms for co-ordination with related projects.</li> </ol>	<ul style="list-style-type: none"> <li>• PMG established (√)</li> <li>• PSC established (√)</li> <li>• MoU with DEAT (√)</li> <li>• MoU with GDoH, (√)</li> <li>• MoU with NDoH (÷) This will not be possible</li> <li>• Commenting on SABS Code 0248 (√) (A)</li> <li>• Assistance to other HCW Programmes (√) (A)</li> </ul>
3.2.1 (√) 3.2.2 P	<ol style="list-style-type: none"> <li>1. Describe roles, functions &amp; responsib.</li> <li>2. Define, future HCWM model</li> </ol>	<ul style="list-style-type: none"> <li>• Policy (√)</li> <li>• Regulations and Strategy (√)</li> </ul>
3.3.1 (√) 3.3.2 (√)	<ol style="list-style-type: none"> <li>1. Schedule for multi-stakeholder involvement</li> <li>2. Implement stakeholder involvement plan</li> </ol>	<ul style="list-style-type: none"> <li>• Web-page for HCW (√) (A)</li> <li>• Several Workshops conducted (√)</li> </ul>
3.4.1 (√)	1. Assess needs for HCW awareness raising	<ul style="list-style-type: none"> <li>• Capacity Build. &amp; Awareness Plan (√)</li> </ul>
3.5.1 (√) 3.5.2 (√) 3.5.3 P 3.5.4 W 3.5.5 W 3.5.6 P	<ol style="list-style-type: none"> <li>1. Analyse existing HCW capacity building</li> <li>2. Target groups, needs &amp; develop cap build</li> <li>3. Develop training material</li> <li>4. Test training material on pilot study staff.</li> <li>5. Revise training material</li> <li>6. Define staff qualification &amp; capacity building for tendering</li> <li>7. Develop guidelines for Local Government for addressing small scale generators in the communities</li> </ol>	<ul style="list-style-type: none"> <li>• Draft Capacity Building Report for Pilots &amp; Province (√)</li> <li>• Draft Capacity Building Report for Province (√)</li> <li>• Training Material for Pilots (√)</li> <li>• Pilot Monitoring Reports (√)</li> <li>• 5-day training course for HCWM developed with WITS Technikon (√)</li> <li>• Training Requirements in Tender Documents (√)</li> <li>• Local Government Guidelines for Small Scale HCRW Generators (√) (A)</li> </ul>
3.6.1 W	1. International HCWM conference	<ul style="list-style-type: none"> <li>• Appointment of Conf Organiser (√)</li> <li>• Call for Papers, Venue, Time (√)</li> <li>• Establish Conference Steering Committee (√)</li> </ul>

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

As the table above shows the key activities that remain are:

1. Management and monitoring of the HCW Tender Roll-out period
2. Assistance to the gazetting of the Draft Health Care Risk Waste Management Regulations and the Waste Information Reporting Regulations
3. Finalisation of various draft final documents that needs the final review by DACEL before they are completed

The DANIDA supported project has been elaborated to include the commencement of a new activity addressing the HCRW generated by small scale generators such as home based care

while the DACEL Business Programme is envisaged to take this activity much further via an elaborate Pilot Project for Small Scale Generators of HCRW in cooperation with a suitable Metro or Municipal Council in Gauteng. The initial workshop for this activity was held in February 2004 and a Discussion Document has been produced and consulted with local governments for options and the preferred way forward for addressing small scale generators of HCRW.

The Project has been extended until 31<sup>st</sup> of July 2004 following DACEL's contribution of R 456,120 towards the project, thus allowing resources to be freed for extending the CTA,s management of the tender roll-out whilst DACEL resources are being utilised towards South African consultancy support for the tender preparation at facility level.

DANIDA has requested that the CTA be involved part-time in a new initiative of the Danish Embassy in Pretoria as of the end of May 2004. Hence, the CTA will be spending 60% of his time on the DACEL Health Care Waste Project only, and the remaining 40% will be allocated for another initiative by DANIDA. This has been deemed desirable for all parties involved as this would allow for the CTA to be present during the entire tender roll-out period which is ending on the 1<sup>st</sup> of October 2004 by spreading the remaining resources towards the CTA thinner over a longer period.

It will therefore be possible, within the already allocated funds from DANIDA, to extend the CTA's presence until 1<sup>st</sup> October 2004 also, and possibly 1<sup>st</sup> of November.

Hence, at the moment the project that started the 1<sup>st</sup> of May 2001 will continue for a period of 42 months, i.e. until the 31<sup>st</sup> of October 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 5 (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:



<b>PSC Meeting No.</b>	<b>Date</b>			<b>Members Absent</b>
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, SANCO, ICASA</i>
12. PSC#11	7	May	2003	<i>Absent: DANIDA, SASOM, SANGOCO, SANCO, ICASA, NEHAWU, DWAF, SABS</i>
13. PSC#12	23	July	2003	<i>Absent: DANIDA, NDoH, GDoH, SASOM, SANGOCO, SANCO, ICASA, NEHAWU, DWAF, SABS</i>
14. PSC#13	29	October	2003	<i>Absent: NDoH, SASOM, SANGOCO, SANCO, NEHAWU, DWAF, SABS</i>
15. PSC#14	10	March	2004	<i>Absent: NDoH, DANIDA, SASOM, DPTR&amp;W, GAUTENG-SALGA, SANCO, NEHAWU, DWAF, SABS</i>
16. PSC#15	17	June	2004	<i>Scheduled next meeting</i>

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.	<i>(DACEL and CTA only)</i>
2. PMG#2:	22	May	2001.	<i>(DACEL and CTA only)</i>
3. PMG#3:	12	June	2001.	<i>(DACEL and CTA only)</i>
4. PMG#4:	18	June	2001.	<i>(DACEL and CTA only)</i>
5. PMG#5:	26	June	2001.	<i>(DACEL and CTA only)</i>
6. PMG#6:	3	July	2001.	<i>(DACEL and CTA only)</i>
7. PMG#7:	10	July	2001.	<i>(DACEL and CTA only)</i>
8. PMG#8:	17	July	2001.	<i>(DACEL and CTA only)</i>
9. PMG#9:	24	July	2001.	<b><i>(Full PMG meeting)</i></b>
10. PMG#10:	31	July	2001.	<i>(DACEL and CTA only)</i>
11. PMG#11:	7	August	2001.	<i>(DACEL and CTA only)</i>
12. PMG#12:	14	August	2001.	<b><i>(Full PMG meeting)</i></b>
13. PMG#13:	11	September	2001.	<b><i>(Full PMG meeting)</i></b>
14. PMG#14:	16	October	2001.	<b><i>(Full PMG meeting)</i></b>
15. PMG#15:	13	November	2001.	<b><i>(Full PMG meeting)</i></b>
16. PMG#16:	6	February	2002.	<i>(DACEL and CTA only)</i>
17. PMG#17:	12	February	2002.	<b><i>(Full PMG meeting)</i></b>
18. PMG#18:	26	February	2002.	<i>(DACEL and CTA only)</i>
19. PMG#19:	12	March	2002.	<b><i>(Full PMG meeting)</i></b>
20. PMG#20:	14	May	2002.	<b><i>(Full PMG meeting)</i></b>
21. PMG#21:	20	May	2002.	<b><i>(Full PMG meeting)</i></b>
22. PMG#22:	28	May	2002.	<i>(DACEL and CTA only)</i>
23. PMG#23:	11	June	2002.	<b><i>(Full PMG meeting)</i></b>
24. PMG#24:	16	July	2002.	<b><i>(Full PMG meeting)</i></b>
25. PMG#25:	13	August	2002.	<b><i>(Full PMG meeting)</i></b>
26. PMG#26:	8	October	2002.	<b><i>(Full PMG meeting)</i></b>
27. PMG#27:				<i>(No meeting held)</i>
28. PMG#28:				<i>(No meeting held)</i>
29. PMG#29:	12	November	2002	<b><i>(Full PMG meeting)</i></b>
30. PMG#30:	19	November	2002	<i>(DACEL and CTA only)</i>
31. PMG#31:	10	December	2003	<b><i>(Full PMG meeting)</i></b>
32. PMG#32:	21	January	2003	<b><i>(Full PMG meeting)</i></b>
33. PMG#33:	11	February	2003	<b><i>(Full PMG meeting)</i></b>
34. PMG#34:	12	August	2003	<b><i>(Full PMG meeting)</i></b>
35. PMG#35:	9	September	2003	<b><i>(Full PMG meeting)</i></b>
36. PMG#36:	14	October	2003	<b><i>(Full PMG meeting)</i></b>
37. PMG#37:	18	November	2003	<b><i>(Full PMG meeting)</i></b>
38. PMG#38:	9	December	2003	<b><i>(Full PMG meeting)</i></b>
39. PMG#39:	10	February	2004	<b><i>(Full PMG meeting)</i></b>
40. PMG#40:	04	May	2004	<i>(DACEL and CTA only)</i>

In certain period the frequency of PMG meetings has been reduced for example during the planning of the International Conference where there where Conference Steering Committee Meetings or when there has been several other dedicated meetings for example recently for the HCW Tenders.

In addition to the formal meetings there has been several less formal meetings between the DACEL Project Director and the CTA that addressed day-to-day project management issues.

## 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
- Progress Report #6, May 2004 (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 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.**

#### **Legal Issues:**

- Review of Current Legislation Gauteng Health Care Waste Management (March 2002, **FINAL**)
- Legal Opinion 1: Metro Waste Bylaws Monopolising the HCRW Treatment June 2002. **FINAL**
- Legal Opinion 2: Right to access of information in a HCW Information System, August 2002. **FINAL**
- Legal Opinion 3: Closure of plants, rights for compensation, legislative options etc. **FINAL**
- Legal Opinion 4: Memorandum on Utilising Section 31a of The Environment Conservation Act 73 of 1989 as a Closure Enforcement Mechanism, February 2003. **FINAL**
- Legislative Concept for the Regulation of Health Care Waste Management, February 2003 **FINAL**
- Draft Health Care Waste Management Regulations, March 2004 **FINAL**
- Draft Waste Information System Regulations, March 2004 **FINAL**

**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 October 2002 **FINAL**
- 3 Training Posters (A1) printed and distributed at Pilot Projects February 2003 **FINAL**
- 6 Skill Posters (A3) printed and distributed at Pilot Projects February 2003 **FINAL**
- 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. February 2004. **FINAL**
- Training Course Assessment, November 2003, **FINAL**

- Awareness Booklet for Health Care Waste Management, May 2004, **FINAL**
- Code of Practise for Health Care Waste Management, May 2004, **FINAL**
- Training Course Participants Evaluation Report, April 2004, **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**
- 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 **FINAL**
- First Draft Tender Documents Vol 1-4 has been prepared and consultant during March and April 2003 (*superseded by the document below*)
- Technical Specifications for the HCW Tender, October 2003, **FINAL**
- Addendum to Request for Proposal, November 2003, **FINAL**
- Tender Adjudication Report February 2004, **FINAL**
- Storage Audit Report, April 2004, **FINAL**
- Summary of Storage Area Assessment – Region A, April 2004, **FINAL**
- Summary of Storage Area Assessment – Region B, April 2004, **FINAL**
- Summary of Storage Area Assessment – Region C, April 2004, **FINAL**

**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**

**Training Course conducted:**

- First Five Day Health Care Waste Officer Training Course at University of Johannesburg, October 2003 (30 people trained)
- Second Five Day Health Care Waste Officer Training Course at University of Johannesburg, November 2003 (30 people trained)
- Third Five Day Health Care Waste Officer Training Course at University of Johannesburg, February 2004 (30 people trained)
- HCW Service Provider Training Consultant's Three Day Training Course, April 2004 (16 people trained)

### **Papers presented at International Conferences**

- International Conference on Waste Management, Francistown, Botswana, 2003
  - 1 Paper
- International Health Care Waste Management Conference, Johannesburg, August 2003
  - 6 Papers
- International Environmental Health Conference, Durban, 2003
  - 1 Paper
- International Hospital Engineers Conference, East London, 2003
  - 1 Paper
- WasteCon 2002, Durban
  - 1 Paper
- WasteCon 2004, Sun City
  - 2 Papers

### **Workshop Proceedings following Workshops arranged by the Project**

- November 2001
- September 2002
- February 2003
- March 2003
- May 2003
- November 2003:
- February 2004:

### **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
- Bid Evaluation Committee Meetings (Confidential) #1-#5 (Confidential)

### 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 DANCED 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

- 2004-01->05 Approximately 40 presentations about the roll-out and implications of the HCW Tender to senior managers of all provincial Hospitals, Community Health Centres and several clinics and regional officers for the roll-out of the new HCW Tender

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.

**Table 3: Extra or expanded outputs and indicators**

Extra or expanded Output	Extra or Expanded Activities	Indicators	Means of Verification	Due Date
<ul style="list-style-type: none"> <li>• <b>Output 1.3:</b> Gauteng Health Care Waste Information System</li> </ul>	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"> <li>• <b>Output 2.3-5:</b> Technical specifications, standard tender material</li> </ul>	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 #5 (November 2003) has been approved by the PSC and DANIDA, cf- PSC#14 on 2004-03-10.

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 HCW Tender Process and extension of the Tender Roll-out Period to 1 October 2001

As reported in several of the past Progress Reports there has been delays experienced in the Department of Health in the timing of the HCW Tender Process. Hence, whilst the Technical Specifications were presented in May 2003 the actual tender announcement in the Tender Bulletin and News Papers appeared on the 21<sup>st</sup> of November only. A Pre-bid Tender Meeting was held on the 4<sup>th</sup> of December 2003 and the Submission Deadline was set for the 2<sup>nd</sup> of February 2004. The Bid Evaluation Committee had 5 BEC meetings and presented its recommendation in the end of February 2004. The Departmental Acquisition Council made its decision the 5<sup>th</sup> of March 2004 and the three successful bidders were informed of their award on the 8<sup>th</sup> of March 2004. A Letter of Intent was issued and countersigned by the three successful bidders in mid March 2004 and the commencement of services was agreed for the 1<sup>st</sup> of May 2004. Due to Easter holidays and the later award it was decided by GSSC to extend the duration of the HCW Tender Roll Out Period to 5 months. Hence, all health care facilities must be converted to the new HCW Management system by the 1<sup>st</sup> of October 2004.

The Project has been scheduled to end on the 31<sup>st</sup> of July 2004, which is problematic as this does not leave sufficient time for the consultants to assist and monitor the complete tender roll-out period. It is therefore desirable that the presence of the consultants in South Africa be extended until the 1<sup>st</sup> of October 2004. This issue is addressed further below.

#### 4.2 Reducing of the CTA's daily input and subsequently spreading the available resources over a longer period of time

The CTA has been approached by DANIDA to assist the Danish Embassy with the Danish Cleaner Development Mechanism (CDM) programme in South Africa. DANIDA has contracted the CTA to this work under the assumption that this would allow for the CTA to spread his remaining allocation over a longer period at a reduced as a part time input, thus allowing for the CTA's presence during the extended HCW Tender roll-out period that will end October 2004.

The table below shows the CTA's expected time commitments as a consequence of the current, newly contracted and proposed additional work commitments in the event that DEAT can support the implementation of the DACEL R 6.3 million business plan as proposed (please see below for further details).

**Table 4: Envisaged Distribution of the CTA's Time towards different projects.**

No	Month	Year	Allocation of the CTA's working days (22 days/months):									
			DACEL HCW Project (current)		CDM for DANIDA (Contracted by DANIDA)		R 6.3 M DACEL Plan supported by DEAT (proposed)		Other (unfunded at the moment)		Total	
1	June	2004	13	59%	9	41%					22	100%
2	July	2004	13	59%	9	41%					22	100%
3	August	2004	4	18%	9	41%	9	41%			22	100%
4	September	2004	5	23%	8	36%	9	41%			22	100%
5	October	2004	6	27%	7	32%	9	41%			22	100%
6	November	2004			7	32%	15	68%			22	100%
7	December	2004			5	23%	16	73%	1	5%	22	100%
8	January	2005			5	23%	15	68%	2	9%	22	100%
9	February	2005			5	23%	15	68%	2	9%	22	100%
10	March	2005			3	14%	15	68%	4	18%	22	100%
11	April	2005			3	14%			19	86%	22	100%
12	May	2005			3	14%			19	86%	22	100%
<b>Working days (total)</b>			<b>41</b>		<b>73</b>		<b>103</b>		<b>47</b>		<b>264</b>	
<b>Person months</b>			<b>1.9</b>		<b>3.3</b>		<b>4.7</b>		<b>2.1</b>		<b>12.0</b>	
<b>Percent of total time</b>			<b>16%</b>		<b>28%</b>		<b>39%</b>		<b>18%</b>		<b>100%</b>	

It is suggested that the CTA partially works on the CDM assignment from the offices of DACEL thereby being readily available to take part in discussions with the DACEL staff, calls and to keep the momentum of the HCRW project. This would mean that DACEL would provide the current full time office facilities to the CTA while the actual work provided by the CTA towards DACEL would be less than full time but over a longer period.

This extension of the CTA's presence and therefore also the DACEL HCRW Project over a longer period but based on a reduced monthly input has been supported by DANIDA and by the DACEL Senior Management and has therefore been implemented as of 1<sup>st</sup> of June 2004.

#### 4.3 The Proposal to DEAT for supporting the R 6.3 million HCW Business Plan for 2004/5

As mentioned in the summary DACEL has requested and received a budget of R 6.3 million that is allocated towards further development and anchoring of the initiatives produced by the DANIDA supported HCRW project. The DACEL Business Plan includes the following components:

**Table 5: DACEL New Business Plan for further develop and anchor the HCW Project Outputs**

Activity	Output	Budget
A. Domestic waste management in provincial health care institutions	<ul style="list-style-type: none"> <li>▪ Undertake an audit in all provincial hospitals and clinics to identify any gaps or shortcomings in the domestic waste management system</li> <li>▪ Approve the quotations provided in the new HCRW disposal tender for the provision and fitting of domestic waste receptacles as identified by the audit at all provincial hospitals and clinics in Gauteng</li> <li>▪ Tender out the provision of wheeled domestic waste collection</li> </ul>	R400 000 (this cost includes the audits of storage facilities) R2 000 000 (Provision of domestic waste receptacles) R300 000 Wheeled domestic bins
B. Provision of adequate on-site storage facilities for health care waste	<ul style="list-style-type: none"> <li>▪ Undertake an audit of public health care institutions to determine the need for improvements in the existing storage capacity at institutions</li> </ul>	Audit included in the activity above R2 000 000

Activity	Output	Budget
management	<ul style="list-style-type: none"> <li>Based on the findings of the audit prepare designs, and tender out the construction of improved storage facilities</li> </ul>	(construction costs)
C. Support to health care institutions through the roll out plan	<ul style="list-style-type: none"> <li>Ongoing support will be provided to assist with logistics, trouble shooting and ordering</li> <li>(DACEL will support R200 000 towards this support in the current budget cycle)</li> </ul>	<i>R200 000 for 2003 – 2004 from existing budget</i> R150 000 for 2004 – 2005 R100 000 for 2005 - 2006
D. Internal & External training program to support program	<ul style="list-style-type: none"> <li>Financial provision for 100 persons to attend a 5 day training workshop July 2004</li> <li>Design and provision of printed material depicting the management system</li> <li>Development of a video visually explaining the segregation process</li> <li>Printing and distributing the Health Care Risk waste management guidelines (2 copies to all provincial hospital 140)</li> </ul>	Training course 2004-2005 R100 000 2005-2006 R100 000 Printed material R100 000 Development of the segregation video R400 000 Printing of the HCRW Guidelines R80 000
E. Independent auditing of HCRW management system and tender	<ul style="list-style-type: none"> <li>Consultancy support to the DoH to ensure that there is compliance to the tender and the system</li> </ul>	2004 – 2005 R400 000 2005 – 2006 R400 000
F. Promoting “Bring system” for small generators of HCRW and home base care givers	<ul style="list-style-type: none"> <li>Budget cycle 2005 – 2006 two awareness raising campaigns will be undertaken</li> <li>Budget cycle 2006 – 2007 two awareness raising campaigns will be undertaken</li> </ul>	2005 – 2006: R1 000 000 2006 – 2007: R 500 000  (funds from A above to be moved to this activity as A is not required anymore and F is a priority now)
G. Development of Integrated HCRW plans for Health Care institutions	<ul style="list-style-type: none"> <li>Provide consultancy support to assist provincial HC institutions to develop Integrated health care risk waste management plans as required by the HCRW regulations</li> </ul>	R400 000

It has been suggested that the DACEL R 6.3 million Business Plan would allow for a substantial integration of the DACEL HCRW Project with the HCW Component of the DEAT Project on Implementation of the National Waste Management Strategy. Whilst DACEL has secured the funding for the programme from the Departmental Budget it does not possess the necessary project management capacity and technical expertise for implementation of such a programme within the 2004/5 budget year. It is therefore proposed that DANIDA supported DEAT project on implementation of the NWMS be approached for possible funding of retaining the current CTA for the implementation of the R 6.3 million business plan. This has been motivated with the fact that the majority of the DACEL business plan would coincide completely with the Objectives of the HCW Component of the NWMS Project. It is therefore seen as a win-win situation where DACEL would have access to critical project management and technical expertise while DEAT would gain project outputs that in value would exceed the funds that DEAT would provide.

The table in section 4.2 above illustrates the input required for DEAT funding. A formal request for such funding has been submitted to DEAT in time for a possible decision to be made on the scheduled PSC meeting for the 15<sup>th</sup> of June 2004.

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

There has throughout the project been a voiced concern over the institutional capacity of the Gauteng Department of Health to completely take over and manage the HCW Tenders that have now been awarded.

It is clear that throughout the project the has been limited capacity in the GDoH to proactively and effectively manage in detail the entire HCW Tender and the tender roll-out. Whilst there has been excellent cooperation when the department has been requested to carry out particular activities, a complete assumption of responsibility and detailed management of the HCW tenders have not been possible.

This raises some critical concerns for the GDoH's continued dependence on DACEL and external consultants to effectively implement, monitor and assess the HCW Tenders and the performance of the now awarded service providers and the supplier of equipment.

It is critically important that the GDoH reviews its current allocation of staff, skills and other resources at provincial, regional, district and facility level to ensure the sustained success of the achievements made and the HCW tenders in particular.

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

### 5.1 DACEL Staff

In the first quarter of 2004 there has been significant changes made or announced to the DACEL senior management. i) The MEC has been replaced following the national election on 14 April 2004, ii) The Head of Department has announced that she will not apply for renewal of her position and a new HOD is expected to commence August 2004 and the post is currently being advertised, and iii) the Chief Director has resigned and the post is currently being advertised.

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): <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: | <1/2% 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 person's 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) and Refilwe Bodibe | 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  |
| 2. Albert Marumo (Env. Health) (AD):                  | 0,5-1% of time. Involvement in all matters related to the GDoH involvement in the Project.   |
| 3. Regional Task Teams for HCW                        | In the three regions Regional HCW Task Teams have been established for the detailed implementation of the HCW Tenders and the monitoring of service provider performance. In Regions C and B these Task Teams have been effectively established whereas in Region A there is a critical lack of continuity and coordination from the region. |
| 4. 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): | 0.5-1% 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. <i>No person made available:</i> | 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

The involvement of staff of the National Department of Health and National Department of Environmental Affairs and Tourism has improved and both Departments have been well-represented at all major workshops, meetings and training events.

## 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, The figure below does not include the additional resource (R 456,120) that has been provided by DACEL and which to a large extent has been used in the form of consultancy input by Janet Magner, Kobus Otto, Nancy Coulson and Linda Godfrey.

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.

Please refer to the table overleaf for details in the time consumed by the Consultants:



## 5.7 Project Secretary

The Project Secretary Sharmaine Ramathar is working full-time for 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 2004. The table includes both actually reported expenses as well as estimated; yet to be reported, expenses for the month of April 2004.

**Table 7: Approximate Use of Resources provided by DANIDA on 30<sup>th</sup> of April 2004**

Ramboll a/c	DANIDA - RAMBOLL CONTRACT	Total		Approx exp this period	Total from start	Utilised %	Balance end of period	Remaining Budget
		Contract (DKK)	Total exp. till last period					
	<b>FEE</b>							
nnnDK	Home office	407,726	385,000	125,000	510,000	125%	510,000	- 102,274
nnnSA	DK Consultants	5,933,619	4,233,600	1,209,400	5,443,000	92%	5,443,000	490,619
FLS	SA Consultants	4,463,290	3,033,000	779,000	3,812,000	85%	3,812,000	651,290
	<b>Sub-Total</b>	<b>10,804,635</b>	<b>7,651,600</b>	<b>2,113,400</b>	<b>9,765,000</b>	<b>90%</b>	<b>9,765,000</b>	<b>1,039,635</b>
	<b>WORKING EXPENSES</b>							
TRAVELS	International Travel + relocation	472,750	340,000	37,000	377,000	80%	377,000	95,750
INSUR+RCAR	Local Trans	260,431	261,000	9,000	270,000	104%	270,000	- 9,569
ACCOML	Housing (incl. Advance payment)	570,000	477,000	45,000	522,000	92%	522,000	48,000
ACCOMS	Short-term accomodation	436,400	237,000	5,000	242,000	55%	242,000	194,400
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	1,142,401	695,000	129,000	824,000	72%	824,000	318,401
LOCTSA	Local Transport SA	7,500	6,000	-	6,000	80%	6,000	1,500
DIEMSA	Per Diem SA	1,598	-	-	-	0%	-	1,598
	<b>Total Working Expenses</b>	<b>2,910,276</b>	<b>2,022,138</b>	<b>225,000</b>	<b>2,247,138</b>	<b>77%</b>	<b>2,252,138</b>	<b>658,138</b>
	<b>OTHER EXPENSES</b>							
PILOT	Pilot Projects	548,000	548,000	-	548,000	100%	548,000	-
CAP-BUI	Capacity Building	473,089	110,000	272,000	382,000	81%	382,000	91,089
STUDY	Study Tour	354,000	254,000	100,000	354,000	100%	354,000	-
CONFER	International conference	220,000	240,000	32,000	208,000	95%	208,000	12,000
SACTION	Short-term action (Compos. Study)	336,000	336,000	-	336,000	100%	336,000	-
	<b>Total Other Expenses</b>	<b>1,931,089</b>	<b>1,488,000</b>	<b>340,000</b>	<b>1,828,000</b>	<b>95%</b>	<b>1,828,000</b>	<b>103,089</b>
	<b>Total</b>	<b>15,646,000</b>	<b>11,161,738</b>	<b>2,678,400</b>	<b>13,840,138</b>	<b>88%</b>	<b>13,845,138</b>	<b>1,800,862</b>
	Contingencies	-					Duration of project (36/39 months): 92%	
	<b>GRAND TOTAL</b>	<b>15,646,000</b>						

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.

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.
- 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

## 8. Revisions to PIP or Project Document

The PIP shown below reflects the now extended project period due the extended, though less than full-time, presence of the CTA until October 2004.

Year	2001												2002												2003												2004																																																										
	Month			A			M			J			J			A			S			O			N			D			J			F			M			A			M			J			J			A			S			O			N			D																															
	Week			1			2			3			4			5			6			7			8			9			10			11			12			13			14			15			16			17			18			19			20			21			22			23			24			25			26			27			28			29			30			31	
<b>1.1 Status Quo Report (Completed)</b>																																																	COMPLETED																																														
1.1.1: Pre-project activities, Status Quo Study report.																																																	COMPLETED																																														
<b>1.2 Framework HCWMS&amp;AP</b>																																																	COMPLETED																																														
1.2.1: To evaluate Status Quo Study report & other relevant sources																																																	COMPLETED																																														
1.2.2: To draft a framework HCW Strategy																																																	COMPLETED																																														
1.2.3: To consult and agree on the Strategy and Action Plans.																																																	COMPLETED																																														
<b>1.3 HCWIS</b>																																																	COMPLETED																																														
1.3.1: Describe Framework HCWIS																																																	COMPLETED																																														
1.3.2: Assessment and decision on HCWIS resources																																																	COMPLETED																																														
1.3.3: Technical HCWIS principles																																																	COMPLETED																																														
1.3.4: Adjustment of the DACEL HCWIS																																																	COMPLETED																																														
<b>1.4 Feasibility Study for HCRWM</b>																																																	COMPLETED																																														
1.4.1: Summary of HCRW technologies																																																	COMPLETED																																														
1.4.2: HCRW Management scenarios																																																	COMPLETED																																														
1.4.3: Site requirements for facility																																																	COMPLETED																																														
1.4.4: Assess ownership and service scenarios																																																	COMPLETED																																														
1.4.5: Identify legal implications																																																	COMPLETED																																														
1.4.6: Identify financial implications																																																	COMPLETED																																														
1.4.7: Permit & EIA procedures																																																	COMPLETED																																														
1.4.8: Draft Feasibility Study Report.																																																	COMPLETED																																														
1.4.9: Consult & finalise Feasibility Study																																																	COMPLETED																																														
<b>1.5 Integrated HCRWMS&amp;AP</b>																																																	COMPLETED																																														
1.5.1: Reformulate HCWM Strategy																																																	COMPLETED																																														
1.5.2: Consult the HCWMS &AP																																																	COMPLETED																																														
1.5.3: Issue Final HCWMS&AP																																																	COMPLETED																																														
<b>2.1 HCWM Guidelines</b>																																																	COMPLETED																																														
2.1.1: Review international HCRWM guidelines																																																	COMPLETED																																														
2.1.2: Draft of Gauteng HCRW guidelines.																																																	COMPLETED																																														
2.1.3: Consult HCRW guidelines.																																																	COMPLETED																																														
2.1.4: Modify Gauteng HCRW guidelines																																																	COMPLETED																																														
2.1.5: Consult HCRW guidelines.																																																	COMPLETED																																														
<b>2.2 HCRWM Pilot Projects</b>																																																	COMPLETED																																														
2.2.1: Design & plan pilot studies.																																																	COMPLETED																																														
2.2.2: Test guidelines																																																	COMPLETED																																														
2.2.3: Test training material for pilot study																																																	COMPLETED																																														
2.2.4: Test HCWIS in pilot institutions.																																																	COMPLETED																																														
2.2.5: HCW type/amount before & after pilot study																																																	COMPLETED																																														
2.2.6: Feed-back report on pilot studies																																																	COMPLETED																																														
<b>2.3-5 Specs Seg, Storage, Coll., Trans, Treat &amp; Disposal</b>																																																	COMPLETED																																														
2.x.1: Review regulations on HCRWM																																																	COMPLETED																																														
2.x.2: Technical specs HCRW																																																	COMPLETED																																														
2.x.3: Standard Tender Doc																																																	COMPLETED																																														
2.x.4: Specific tender material for HCRW																																																	COMPLETED																																														
2.x.5: Publication of Tender																																																	COMPLETED																																														
2.x.6: Tenderes prepare proposals																																																	COMPLETED																																														
2.x.7: Tender Evaluation																																																	COMPLETED																																														
2.x.8: Commencement of Services																																																	COMPLETED																																														
2.x.9: Tender Roll-out Support																																																	COMPLETED																																														
2.x.10: Hand-over of Process to Gauteng Health																																																	COMPLETED																																														
<b>3.1 Proj. Org &amp; Links</b>																																																	COMPLETED																																														
3.1.1: Establish PMG & PSC																																																	COMPLETED																																														
3.1.2: Establish interdepartmental co-operation.																																																	COMPLETED																																														
3.1.3: Establish mechanisms for co-ordination with related projects.																																																	COMPLETED																																														
<b>3.2 Institutional HCRWM Roles&amp;Funcs</b>																																																	COMPLETED																																														
3.2.1: Describe roles, functions & regulatory responsibilities																																																	COMPLETED																																														
3.2.2: Define, future HCWM model																																																	COMPLETED																																														
<b>3.3 Proj. Consultation</b>																																																	COMPLETED																																														
3.3.1: Prepare schedule for multi-stakeholder involvement.																																																	COMPLETED																																														
3.3.2: Implement plan for stakeholder involvement.																																																	COMPLETED																																														
<b>3.4 HCRW Awareness prgmm</b>																																																	COMPLETED																																														
3.4.1: Assess needs for HCW awareness raising																																																	COMPLETED																																														
<b>3.5 HCW Capacity Build prgmm</b>																																																	COMPLETED																																														
3.5.1: Analyse existing HCW capacity building																																																	COMPLETED																																														
3.5.2: Define target groups, needs assessment & develop HCWM capacity building																																																	COMPLETED																																														
3.5.3: Develop training material																																																	COMPLETED																																														
3.5.4: Test training material on pilot study staff.																																																	COMPLETED																																														
3.5.5: Revise training material after feedback report																																																	COMPLETED																																														
3.5.6: Define staff qualification & capacity building for tendering																																																	COMPLETED																																														
<b>3.6 International Conference</b>																																																	COMPLETED																																														
3.6.1: International HCWM conference for 250 participants.																																																	COMPLETED																																														
<b>PMG Meetings</b>																																																	COMPLETED																																														
<b>PSC Meetings</b>																																																	COMPLETED																																														

## 9. Annexure 1: Assumptions Monitoring Form

No	Assumptions, Risk and Preconditions (Cf Proj. Doc)	Proposed Revised Assumptions, Risk and preconditions
<b>Preconditions to be met before project commencement:</b>		
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.</i> However, there are lines of communication with the DEAT project for implementation of the NWMS.
<b>Assumptions and Risks</b>		
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 but has been significantly contained by the drafting of the Gauteng HCW Management Regulations that, once promulgated, will make compliance with the Gauteng HCW Management policies compulsory and enforceable.
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. That sufficient and motivated staff are allocated for training;	◆ Pilot Projects have been completed successfully.
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	◆ In general the Project enjoys significant interest from all relevant stakeholders. However, further progress is needed with other key stakeholders, in particular Gauteng-SALGA.

No	Assumptions, Risk and Preconditions (Cf Proj. Doc)	Proposed Revised Assumptions, Risk and preconditions
	reached.	
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.
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.	♦ Pilot Projects have now been successfully completed.
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.	♦ With the award of the new HCW Tenders it appears that the total costs will increase from approx. R 20 million per year to R 23.5 million per year. Whilst it is known that several facilities have been battling to budget for the previous services the costs appear to be in the same range as previously.
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. However, there is a critical need for more capacity to be provided by GDoH to proactively manage and monitor the project and the HCW Tenders in particular.
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.	♦ Transfer has not taken place yet and it is unclear when this may take place.
20.	♦ That the existence/enactment of municipal bylaws does not result in conflicts of interest between the Provincial Government and its 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.	♦ There is a critical need for more capacity to be provided by GDoH to proactively manage and monitor the project and the HCW Tenders in particular.
22.	♦ That the agreed 6 month interim contracts, in effect extending the current HCRW system, will be concluded successfully allowing sufficient time for the pilot projects to inform the next tender and other project components.	♦ This has been handled now and the contracts are awarded. This assumption can be deleted.
23.	♦ That GDoH will be able to undertake the required financial and performance monitoring for the new contracts	♦ There is a critical need for more capacity to be provided by GDoH to proactively manage and monitor the project and the HCW Tenders in particular.
<b>Proposed new Assumptions, Risk and Preconditions since Progress Report #3</b>		
24.	♦ That the drafted HCW Management regulations and the drafted Waste Information Regulations will be	♦ This risk has eventuated. Delays have been experienced due to capacity constraints in DACEL and the State

No	Assumptions, Risk and Preconditions (Cf Proj. Doc)	Proposed Revised Assumptions, Risk and preconditions
	promulgated in Gauteng before the end of 2003	Legal Advisor. It now appears unlikely that the regulations will come in force before July 2004.
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.	◆ 90 HCW Officers have been trained and appointed. However, it is important that GDoH maintains a database of these individuals and plans and budgets for continued replacement and re-training of the HCW Officers.
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.	◆ The service providers have been nominated now and this assumption can be deleted.



## 10. Annexure 2: Output Monitoring Form

No	Output	Indicators	Means of Verification	Completion date (External out)
<b>1. MANAGEMENT REPORTS</b>				
1.1	Project Inception Report	Compliance with DANIDA Project Management Manual	Documentary	2001-07-31 <b>OK</b>
1.2	Project Procedures Manual	as above	Documentary	2001-07-31 <b>OK</b>
1.3	Project Progress Report 1	as above	Documentary	2001-10-30 <b>OK</b>
1.4	Project Progress Report 2	as above	Documentary	2002-04-30 <b>OK</b>
1.5	Project Progress Report 3	as above	Documentary	2002-10-30 <b>OK</b>
1.6	Project Progress Report 4	as above	Documentary	2003-05-08 <b>OK</b>
1.7	Project Progress Report 5	as above	Documentary	2003-11-01
1.8	Project Progress Report 6	as above	Documentary	2004-05-01 (this report)
1.9	Completion Report	as above	Documentary	2004-10-01

Output	Indicators	Means of Verification	Completion date (Internal out)
1.1 Status Quo Report	Documents	Review of document. Done	Dec 2000 <b>OK</b>
1.2 Framework HCWM Strategy and Action Plan (Was termed "HCW Policy" instead)	Documents	Review of document	<i>Draft Version: End September 2001</i> <i>Final Draft Version: Mid October 2001</i> <i>Final Version: End October 2001</i> <b>OK</b>
1.3 HCWIS Report	Documents	Review of document	<i>Draft Version: February 2002</i> <b>OK</b> <i>Final Version: January 2002</i> <b>OK</b>
1.4 Feasibility Report	Documents	Review of document	<i>Draft Version: December 2001</i> <b>OK</b> <i>Final Draft Version: September 2002</i> <b>OK</b> <i>Final Version: May 2004</i> <b>OK</b>
1.5 Integrated HCWM Strategy and Action Plans	Documents	Review of document	<i>Draft Version: May 2002</i> <b>OK</b> <i>Final Draft Version: October 2003</i> <b>OK</b> <i>Final Version: End May 2004</i>
2.1 HCWM Guidelines	Documents	Review of document	<i>Draft Version: September 2002</i> <b>OK</b> <i>Final Draft Version: May 2003</i> <b>OK</b> <i>Final Version: End July 2004</i>
2.2 Pilot Project Feedback Report	Documents	Review of document	<i>Draft Version: June 2003</i> <b>OK</b> <i>Final Version: August 2003</i> <b>OK</b>
2.3-5 HCWM Technical Specification and Tender Documents	Documents	Review of document	<i>Draft Version: February 2003</i> <b>OK</b> <i>Final Draft Version: June 2003</i> <b>OK</b> <i>Final Version: October 2003</i> <b>OK</b>
3.1 Memoranda of	Documents	Review of	<i>Final Version: End August 2001</i> <b>OK</b>

<b>Output</b>	<b>Indicators</b>	<b>Means of Verification</b>	<b>Completion date(Internal out)</b>
Understanding and agreements		document	
3.2 Institutional roles and functions	Documents	Review of document	<i>Included in Policy, Strategy &amp; Capacity Building Reports <b>OK</b></i>
3.3 Schedule for multi-stakeholder consultation	Documents	Review of document	<i>Included in Policy, Strategy &amp; Capacity Building Reports <b>OK</b></i>
3.4 HCW Education and Awareness Plan	Documents	Review of document	<i>Draft Version: August 2002 <b>OK</b> Final Draft Version: August 2002 <b>OK</b> Final Version: August 2003 <b>OK</b></i>
3.5 Training Material	Documents	Review of document	<i>Draft Version: November 2002 <b>OK</b> Final Draft Version: June 2003 <b>OK</b> Final Version (after Pilots): November 2003 <b>OK</b></i>
3.6 International Conference proceedings	Documents	Review of document	<i>Draft Version: August 2003 <b>OK</b> Final Version: August 2003 <b>OK</b></i>
4. Study Tour Report	Documents	Review of document	<i>One month after completion of study tour <b>OK</b></i>

## 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

<b>Output</b>	<b>Internal out</b>	<b>External out</b>	<b>Workshop</b>	<b>PSC-meetings</b>	<b>Completion Date</b>
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 5	2004-05-01	2004-05-08	to be planned (if needed)	2004-06-20	2 weeks after PSC comments
Progress 6/Completion	2004-10-01	2004-10-08	to be planned	?	2 weeks after PSC

<b>Output</b>	<b>Internal out</b>	<b>External out</b>	<b>Workshop</b>	<b>PSC-meetings</b>	<b>Completion Date</b>
Report			(if needed)		comments
1.1 Status Quo Report	n/a	n/a	n/a	n/a	November 2000
1.2 Framework HCWM Strategy and Action Plan (Now: HCW Policy)	2001-08-30	2001-09-30	2001-11-27	2002-01-21	4 weeks after PSC comments
1.3 HCWIS Report	2002-02-01	2002-02-28	2001-11-27	2002-05-29	2 weeks after PSC comments
1.4 Feasibility Report	2001-12-15	2002-01-30	2002-03-08 2002-09-25	2003-01-29	4 weeks after PSC comments
1.5 Integrated HCWM Strategy	2002-04-30	2002-05-30	To be planned	2003-04-30	4 weeks after PSC comments
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	Several has been held	2003-04-23	2 weeks after PSC comments
2.3-5 HCWM Technical Specification and Tender Documents	2002-11-30	2003-02-30	Several has been held	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	Several has been held	2002-05-29	3 weeks after PSC comments
3.3 Schedule for multi-stakeholder consultation	2001-08-30	2001-09-30	Several has been held	2001-11-14	2 weeks after PSC comments
3.4 HCW Education and Awareness Plan	2002-01-15	2002-01-30	Several has been held	2003-06	2 weeks after PSC comments
3.5 Training Material	2002-05	2002-06	Several has been held	2003-06	3 weeks after PSC comments
3.6 Conference proceedings	2003-08	2003-09	None	2003-09	2 weeks after PSC comments
4. Study Tour Report					Completed

### 13. Annexure 5: Amendments to the Project Document

None