



PDF/PPG STATUS REPORT



GEFSEC PROJECT ID: 1802

UNDP PROJECT ID: 2596

COUNTRIES: Argentina, India, Latvia, Lebanon, Philippines, Senegal, Kingdom of Tanzania and Vietnam

PROJECT TITLE: Demonstrating and Promoting Best Techniques and Practices for Reducing Health-Care Waste to Avoid Environmental Releases of Dioxins and Mercury

OTHER PROJECT EXECUTING AGENCY(IES):

GEF FOCAL AREA: Persistent Organic Pollutants

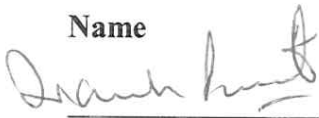
GEF OPERATIONAL PROGRAM: OP 14 with linkage to OP 10

STARTING DATE: February 2005

ESTIMATED DATE OF OPERATIONAL CLOSURE: April 2007

ESTIMATED DATE OF FINANCIAL CLOSURE: May 2007

Report submitted by:

Organization	Name	Title	Date
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PART I - PREPARATORY ASSISTANCE ACHIEVEMENTS

A - SUMMARY OF ACTUAL ACHIEVEMENTS OF PREPARATORY PHASE (OUTPUTS AND OUTCOMES), AND EXPLANATION OF ANY DEVIATIONS FROM EXPECTED OUTCOMES

Seven activities were planned for the implementation of the proposed PDF B. The activities and respective outputs are listed below. In the notes area under each activity as well as below the table, deviations from expected achievements are enumerated.

Activity one: Development of Guidance Documents	
Details & Outputs	<p>Guidance documents were prepared as a resource to country partners and to facilitate the development of country-specific work plans while allowing a common set of outcomes.</p> <p>Output: Draft guide documents completed prior to the Global Project Preparation Inception Meeting included:</p> <ul style="list-style-type: none"> • Guidance document on review of existing surveys or research on the nationwide state of health care waste management practices including treatment and disposal facilities/technologies; • Guidance document on review of national capacity to establish baseline data on mercury and dioxin releases; • Guidance document on selecting both rural and urban health facilities to participate in the Project and to be the basis for development of model facility practices and systems; • Guidance document on how to identify national Project stakeholders; • Guidance document on how to identify and utilize national Project expert consultants; • Draft terms of reference for the Global Project Steering Committee, Global Project Team, National Project Steering Committee, and National Working Group; • Guidelines for the selection of equipment that will potentially be purchased with Project funds for use in participating hospitals or clinics; and • Guidelines to develop plans for an ongoing national or regional training program to spread the knowledge and skills demonstrated and developed during the Project.
Notes	Activity and outputs were completed as enumerated above during the specified timeline.
Activity two: A Global Project Preparation Inception Meeting/Project Steering Committee Meeting	
Details & Outputs	<p>Outputs of the meeting include:</p> <ul style="list-style-type: none"> • A written review and elaboration of the Project work plan as detailed in an approved PDF B; • Clarification of the relationships between the Global Project Steering Committee, National Project Steering Committees, and the Global Project Team; • Establishment of communications, reporting, and other operational procedures; • Planning and scheduling of initial Project planning workshops in each of the seven countries; • Detailing of the elements of preparation activities that will occur in each country in advance of the initial Project planning workshops, including plans for assuring appropriate workshop size and composition (including assurances that national authority with responsibility for Stockholm Convention NIP preparations attend); and • Review and approval of a PDF B timetable
Notes	Activity and outputs were completed as enumerated above during the specified timeline.
Activity three: Initial Project missions to each of the seven participating countries	
Details & Outputs	<p>Output: Mission activities will result in:</p> <ul style="list-style-type: none"> • Participation and assistance in the facilitation of the initial country Project planning workshops; • Participation in an initial country Project Steering Committee meeting to review the results of the workshop, and to agree on an initial, detailed country project preparation work plan including agreed outputs and timelines; • Participation with members of the country Project Steering Committee in selection of a mutually agreeable lead country Project expert who will report to both the country Project Steering Committee and to the Global Project Team; and who will have coordinating responsibility — in collaboration with government experts

	<p>and with any other country Project consultants — to assure that the agreed country project preparation work plan is properly implemented in a timely manner;</p> <ul style="list-style-type: none"> • Review and approval of draft planning guidelines; and • Review and documentation assuring that appropriate communication and collaboration has been established between this Project and national authorities responsible for Stockholm Convention implementation.
Notes	Initial project mission to Lebanon did not take place until month 8 of the PDF B due to political unrest in the country.
Activity four: Country-level project preparations	
Details & Outputs	<p>National Project consultants facilitated project preparations in each country in close collaboration and under the supervision of the National Project Steering Committee, but also with the help and guidance of the Global Project Team.</p> <p>Outputs include: The following tasks will be completed as a result of this set of Activities:</p> <ul style="list-style-type: none"> • Ongoing communications between national committees and the global steering committee was ensured; • Appropriate candidate hospitals and health centers were identified, including a written indication of their interest in working with the Project to serve as model facilities, and including also, a written indication of their willingness to sign appropriate MOUs with the Project as required; • Initial scoping work was completed at each identified candidate hospital and health center that is sufficient to identify and to estimate costs that will be associated with activities relative to each facility during full Project implementation; • General plans were developed for a national policy conference on health care waste management sufficient to develop costs estimates for their implementation during the full Project; • General plans were developed for national and regional Project results dissemination strategies, sufficient to develop costs estimates for their implementation during the full Project; • A reporting template and compiled information needed to complete the fully costed Project Document and GEF Executive Summary was prepared; and • Costs were monitored.
Notes	Model facility plans in India vary from the other participating countries in order to account for India's extensive work in this area and considerable size. Thus project implementation in India will focus on a three-part strategy. One track will focus on developing a model state where work will improve the current system within one central facility and the area it services. A second track will identify a model hospital in a poorer state with an underdeveloped waste management system for development into a model facility whose performance may be replicated in other states and regions. A third track will focus on updating national HCWM training programs to reflect lessons learned in support of Project sustainability and replicability goals.
Activity five: International Workshop on National and Regional Training Programs	
Details & Outputs	A workshop was held to develop a framework and to help design a planning process that will be used during Project implementation to develop ongoing national or regional training and education programs to train and certify experts in health care waste minimization and management. The workshop was held in collaboration with UIC, the leading candidate academic institution that has programs and relevant expertise in health care management and related fields. Tasks associated with the establishment of self-sustaining national or regional training programs at a level of detail sufficient to develop costs estimates for this task during full Project implementation were developed.
Notes	This workshop was smaller in size than originally planned. After further evaluation of the meeting needs and goals and in order to be more cost- and time-efficient, the Global Project Team chose to have a smaller meeting.
Activity six: Follow-up Country Missions	
Details & Outputs	<p>One to two follow-up missions were completed by a member of the Global Project Team during the period of country-level Project preparation.</p> <p>Output: The typical content of the mission was to review and to possibly revise the work plan, to review progress, and to agree on remaining activities and a timeline, in order to assure timely completion of all the needed Project preparatory work.</p>
Notes	Activity and outputs were completed as enumerated above during the specified timeline.
Activity seven: Preparation and submission of the UNDP Project Document, the GEF Executive Summary and other tasks required to achieve GEF CEO endorsement	
Details &	<p>Outputs include:</p> <ul style="list-style-type: none"> • Final Global Project Steering Committee meeting;

Outputs	<ul style="list-style-type: none"> • A GEF Executive Summary; • A fully costed and country-endorsed UNDP Project Document that has taken into account comments received from the GEF Secretariat, STAP Reviewer and other IA/EEAs; • Confirmation in writing of all Project co-financing, cash and in-kind; • Monitoring and Evaluation activities and goals will be reviewed and incorporated into the Project Document. • Written responses to all GEF Council comments, including, if needed, an amended Project Document; and • Establish criteria and approaches for developing trainers, training curricula, and appropriate training materials for use in Project implementation
Notes	Activity and outputs were completed as enumerated above during the specified timeline.

During the PDF B phase of the project, an additional component was added to the Project. This component is to be executed initially in Tanzania. It will develop, test and disseminate affordable non-burn health-care waste treatment technologies that can be built and serviced in sub-Saharan African countries using locally available supplies and skills. The component will deploy and evaluate commercially-available, non-incineration health-care waste treatment technologies appropriate to the needs of a facility or a cluster. Please refer to Annex 2 of the Project Document for more information.

Table 1: Completion Status of Project Activities

Proposed Activities at Approval	Approved		Completion status	Actuals		
	GEF Financing *	Co-financing		GEF financing **	Co-financing	Uncommitted GEF funds
Development of Guidance documents	290,952		Completed	347,872		
Organization of global project preparation inception meeting/Project Steering Committee meetings	72,360		Completed	103,242		
Initial national project missions	111,240		Completed	32,335		
Country-level project preparation support	48,600		Completed	105,985		
International workshop on national/regional training programmes	24,516		Completed	8726		
Follow-up national missions	116,640		Completed	30,785		
Preparation of project documents for submission and endorsement	35,640		Completed	71,003		
TOTAL	699,948	670,000		699,948	905,555	0

* As given in 'Proposed Concept and Request for PDF B Grant'

** At financial closure

B – RECORD OF STAKEHOLDER INVOLVEMENT IN PROJECT PREPARATION

Stakeholder participation has been an essential aspect of this Project since its inception and will remain a vital feature of Project implementation. During the PDF B phase, National Project Steering Committees (NPSC) were formed and met at least twice in all countries. The bulk of broad stakeholder participation took place through the National Working Groups (NWG). The first meetings of the National Working Groups included presentations by the Project Coordinator, Senior Public Health and Policy Advisors, and/or the project experts. Topics included the Stockholm Convention, the Project rationale and objectives, best environmental practices, and best available techniques. In some countries, the NWG met as often as every month. Numerous consultations took place during PDF B, including the gathering and reporting of baseline data, leading to the development of national plans which were then incorporated into the Project Document.

The names of stakeholders and their respective institutions are provided in Tables 17a –g of the FSP document. The table also highlights whether they are involved through the NPSC or NWG. Stakeholder participation will continue through the existing structures of the NPSCs and NWGs.

During the PDF B Phase of the Project, each NPSC had the following roles and responsibilities:

- Assure that support exists and is maintained, at all levels of government, and within relevant sectors of society, for the Project;
- Review and approve significant Project decisions at the national level, and assist in identifying and allocating support for activities consistent with Project objectives;
- Provide advice and assistance to UNOPS in recruitment of National Consultants;
- Review and approve Annual Project Workplans and Annual Project Reports; participate in the Tripartite Project Review, Terminal Report, and Terminal Tripartite Review;
- Provide guidance to the National Working Group in coordinating and managing Outputs and Activities;
- Provide oversight and support, along with the Global Expert Team, to the National Consultant; and
- Provide a representative to the Global Project Steering Committee.

The roles and responsibilities of each NWG were:

- Assist in networking between and among national entities including project entities, national officials, cooperating partners such as UNDP and WHO Country Offices, National Focal Points, participating NGOs, existing and potential co-financers, other related GEF projects, and others as appropriate and necessary;
- Provide practical advice to the National Consultant in execution of activities;
- Assist in the collection and dissemination of information on policy, economic, scientific and technical issues related to the Outputs and Activities of the Project;
- Provide assistance and advice to the National Consultant in the preparation of reports; and
- Assist in networking between participating institutions and agencies within participating nations.

Overall PDF B Project implementation was carried out under the guidance of a Global Project Steering Committee (GPSC) whose members included one representative from each of the following: UNDP, as Project Implementing Agency; UNOPS as Project Executing Agency for the global project component; a senior level official designated by each of the Project participating Governments¹; one representative each from HCWH and WHO as Principle Cooperating Agencies; as well as other major donors and partners, if any. Representatives from UNDP Country Offices in the participating countries, as well as other GEF IA/EAs and the Stockholm Convention and the Basel Convention Secretariats will be invited to participate in the FSP Global Steering Committee. The GPSC met during the inception of the PDF B phase in March 2005 and approved PDF B plans. They met again in January 2006 to review PDF B activities and approve implementation plans.

For more information on stakeholder involvement and plans, please refer to the following sections of the UNDP Project Document:

- The visual representation of formal stakeholder engagement in the Project is displayed in Figure 4, which is an organogram of management arrangements. This diagram shows the coordinated arrangements for stakeholder participation through the National Working Groups (NWGs), the National Project Steering Committees (NPSCs), the Global Project Steering Committee (GPSC) and the roles of the Global Expert Team (GET) and the National Consultants (NCs).
- Table 18 provides a detailed analysis of stakeholder participation and involvement.
- Section 1, Part I contains the overall Stakeholder Analysis.
- Section 1, Part II is the section on replicability and provides specific plans to maintain stakeholder participation through and beyond the Project period.
- Section 4, Part IV is the Stakeholder Involvement Plan.

¹ Since project activities in Tanzania are focused on research and development in service of regional and global needs, participation in the GPSC was limited to a national technical expert and academic.

PART II - PREPARATORY ASSISTANCE FINANCIAL DELIVERY

TABLE 2 – PDF/PPG Input Budget : Approvals and Commitments

Input Description*	Approved			Committed		
	Staff weeks	GEF financing	Co-finance	Staff weeks	GEF financing	Co-finance
Local consultants		72,500			43,000	
International consultants		135,400			210,638	
Service contracts/Contractual services		203,000			265,383	
Travel		150,000			112,079	
Miscellaneous		87,200			17,000	
EA F&A		51,848			51,848	
Total		699,948	670,000		699,948	905,555

- 100% of GEF funds will have been disbursed at time of operational closure
- No major deviations with respect to actual disbursements from what was planned, with the exception that international consultants costs were higher than expected while those associated with national consultants were lesser. Travel costs were carefully monitored and managed.

TABLE 3 : Actual PDF/PPG Co-financing

Co-financing Sources for Preparatory Assistance					
Name of Co-financier (source)	Classification	Type	Amount		
			Expected (\$)	Actual (\$)	
World Health Organization	Multilat. Agency	In kind	60,000	100,000	
Health Care Without Harm	NGO	Cash & In kind	60,000	140,000	
Argentina	Nat'l Gov't	In kind	50,000	45,000	
India	Nat'l Gov't	In kind	50,000	30,000	
Latvia	Nat'l Gov't	In kind	50,000	35,000	
Lebanon	Nat'l Gov't	In kind	50,000	35,000	
Philippines	Nat'l Gov't	In kind	50,000	45,000	
Senegal	Nat'l Gov't	In kind	50,000	45,000	
Tanzania	Nat'l Gov't	In kind	**0	15,000	
Vietnam	Nat'l Gov't	In kind	50,000	55,000	
Other Partners (national NGOs, national institutions, and international institutions)	NGOs and Multilat. Agencies	In kind	200,000	***240,555	
Total co-financing			670,000	905,555	

* The mission of the NGO HCWH is specifically on health care waste management and many HCWH activities were relevant to the Project's goals and outcomes. Further, HCWH developed the Project concept and oversaw the approval process through official endorsements and receipt of GEF funding.

** Project's technology development component in being implemented from Tanzania. This component was added to the Project after PDF B inception and approval.

*** Contribution of "Other Partners": IGNOU \$55,555; UIC \$35,000; and the NGO Toxics Links \$150,000. UIC became a project partner after PDF B inception.