**SDC Results Reporting Template (2016)**

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| **Project Title: Medical Waste Management** | | | | |
| **Name of IP: Ministry of Health** | | | **Date: 14/11/2016** | |
| 1. **RESULTS PERFORMANCE/ACHIEVEMENTS** | | | | |
| **Project Results**  *State project results (outcomes of Output from approved project document or work plan* | **Indicators**  *The project outcome or output indicators as stated in the M&E Framework and/or AWP* | **Target**  *Targets agreed by project team on each on each indicator* | **Update on Results**  *A brief analysis on any relevant changes pertaining to the outcome or output achieved with respect to targets* | **Comments** |
| **Outcomes** | | | | |
| **Component 1. (Regional Component) Disseminate technical guidelines, establish mid-term evaluation criteria and technology allocation formula, and build teams of national experts on BAT/BEP at the regional level**  Outcome 1.1: Technical guidelines, evaluation criteria and allocation formula adopted.  Outcome 1.2: Country capacity build to assess, plan, and implement healthcare waste management (HCWM) and the phase-out of Mercury containing products in healthcare environment. | Mid-term evaluation criteria and formula for the allocation of technologies among countries available.  A team of 4 national experts (16 in total for the four countries) trained at regional level. | First Regional Conference organized.  Evaluation criteria and allocation of technologies among project countries agreed upon.  4 national experts trained in non-incineration HCWM systems, policies, waste assessments, UNDP GEF and WHO tools, national planning, BAT/BEP guidelines, Mercury phase-out, international standards, and other technical guidelines.  Master trainers trained in content, effective teaching methods, evaluation tools, and Training of Trainers and programs. | First Regional Steering Committee Meeting and Inception Meeting organized. Project teams from the 4 countries gained a common understanding of the project and its goals. An Evaluation criterion for the allocation of technologies among project countries was also adopted. This provides a basis for the measurement of projects performance in the project countries  4 national experts to be trained (28 November- 9 December, 2016) in non-incineration HCWM systems, policies, waste assessments, national planning and BAT/BEP. This will lead to improvements in HCWM in the project countries through the training given to HCFs by these national experts. They will again through this training acquire knowledge and expertise to contribute to the review/formulation of HCWM policies in their countries to phase out POPs and Mercury whiles improving overall healthcare delivery. | There was a delay in this activity due to the unexpected political unrest in Turkey in the first half of the year. |
| **Outputs** | | | | |
| Outputs 1.1 Mid-term evaluation criteria and formula for the allocation of technologies among countries.  Output 1.1.2 Teams of national experts trained (at the regional level). | | | | |
| 1. **GENDER SPECIFIC RESULTS** *[Please report specific gender disaggregated results]* | | | | |
| **N/A** | | | | |
| 1. **PROJECT IMPLEMENTATION CHALLENGES** *[Observed or experienced challenges that are generic, related of not related to any specific output, which have or could affect the project implementation and propose a way forward]* | | | | |
| Delay in implementing regional component of the project due to political unrest in Turkey. | | | | |
| 1. **LESSONS LEARNED AND OPPORTUNITIES** *[Please describe new understanding or insights gained from project activities that can contribute to improving project implementation and future project design]* | | | | |
| This is a regional component of the project. However, one lesson learnt is that project implementation should be planned with several options. The regional team handled the challenge laudably by first organizing the inception meeting in South Africa to create an opportunity for the National Project Directors of the four project countries to also participate in the Infection Control Africa Network (ICAN) meeting which has synergies with the Medical Waste Management project. | | | | |
| 1. **RECOMMENDATIONS AND PROPOSED ACTION**  *[Actions on any matter related to outcome, progress of outputs and corrective measure taken or to be taken with responsibilities time time]* | | | | |
| N/A | | | | |
| 1. **KEY ACTIVITIES FOR 2017** *[Please outline key activities planned for 2017]* | | | | |
| To be provided by the Regional team. | | | | |

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| 1. **RESULTS PERFORMANCE/ACHIEVEMENTS** | | | | |
| **Project Results**  *State project results (outcomes of Output from approved project document or work plan* | **Indicators**  *The project outcome or output indicators as stated in the M&E Framework and/or AWP* | **Target**  *Targets agreed by project team on each on each indicator* | **Update on Results**  *A brief analysis on any relevant changes pertaining to the outcome or output achieved with respect to targets* | **Comments** |
| **Outcomes** | | | | |
| **Component 2 Health Care Waste National plans, implementation strategies, and national policies in each recipient country (National Component)**  Outcome 2.1: Institutional capacities to strengthen policies and regulatory framework, and to develop a national action plan for HCWM and Mercury phase-out enhanced.  Outcome 2.2: National plan with implementation arrangement adopted. | *Number of national HCWM strategies, policies, action and plans as well as number of drafts for HCWM related standards and guidelines available.*  *Number of National Action Plans for project implementation available.* | *4 Nationals experts and participating Institutions capacities built to develop the national HCWM strategies, policies, action plans as well as number of drafts for HCWM related standards and guidelines.*  *1 National Action Plans for each project country developed (including the selection of up to 1 central or cluster treatment facility, 2 hospitals and 3 small rural health centres as models)* | *4 Nationals experts and participating Institutions capacities built to develop the national HCWM strategies, policies, action plans as well as number of drafts for HCWM related standards and guidelines. This has resulted in Ghana close to having a new HCWM policy and action plan that suit new internationally accepted standards in Healthcare waste management. Particularly, the Stockholm and Minamata conventions on UPOPs and Mercury have been mainstreamed in Ghana’s policy framework for HCWM.*  *Draft National health care waste management plan developed (2 health care facilities have been selected as demonstration sites for cluster treatment facility, 1 healthcare center for onsite treatment facility.)*  *This draft management plan has begun steps leading to the improvement in HCWM at facility level especially in the priority given to budgeting for waste management and the training of health staff. The selection of some HCFs to receive non-incineration equipment and training will lead to a decrease in the mercury and POP releases from the healthcare sector and will contribute to the improvement of HCWM and healthcare delivery in the country.* | 4 national experts to be trained (28 November- 9 December, 2016) in non-incineration HCWM systems, policies, waste assessments, national planning and BAT/BEP.  *A draft revised healthcare waste management policy has been developed.* |
| **Outputs** | | | | |
| Output 2.1.1 National policy and regulatory framework for HCWM and mercury phase-out.  Output 2.2.1 National action plan including the selection of up to 1 central or cluster treatment facility, 2 hospitals, and 3 small rural health centers as models. | | | | |
| 1. **GENDER SPECIFIC RESULTS** *[Please report specific gender disaggregated results]* | | | | |
| **N/A** | | | | |
| 1. **PROJECT IMPLEMENTATION CHALLENGES** *[Observed or experienced challenges that are generic, related of not related to any specific output, which have or could affect the project implementation and propose a way forward]* | | | | |
| *Representation from stakeholders is inconsistent. Different persons are nominated to attend meetings and workshops. This breaks the information sharing and continuity. It also affects project mainstreaming into the ministry’s programming and planning.* | | | | |
| 1. **LESSONS LEARNED AND OPPORTUNITIES** *[Please describe new understanding or insights gained from project activities that can contribute to improving project implementation and future project design]* | | | | |
| It is important to involve all stakeholders in policy and planning development to get stakeholder commitment, ownership and synergy in national approach.  There are opportunities for private sector investment in healthcare waste management particularly in recycling. It also presents an opportunity for healthcare facilities to generate income through the sale of recyclable waste to private sector . | | | | |
| 1. **RECOMMENDATIONS AND PROPOSED ACTION** *[Actions on any matter related to outcome, progress of outputs and corrective measure taken or to be taken with responsibilities time time]* | | | | |
| Establish Partnership with other donors /projects to explore co-financing. The project has made contact with some Donor Partners in the WASH area to seek areas of collaboration. | | | | |
| **6. KEY ACTIVITIES FOR 2017** | | | | |
| * + - 1. Printing of revised health care waste management policy and guideline       2. Preparation of HCFs to receive non-incineration equipment       3. Trainers of Trainers programme in all selected HCFs and at the National Level | | | | |