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Minutes of the Project Board Meeting

- **Project Name:** Reducing UPOPs and Mercury Releases from the Health Sector in Africa
- **Project ID:** 00096344
- **Output IDs:** 00090700
- **Place:** Cullinan 3, Holiday Inn Sandton, Johannesburg, South Africa
- **Date:** 23 September 2016

- **Executive:** UNDP IRH Manager, represented by Etienne Gonin
- **Senior Supplier:** Montreal Protocol and Chemicals Unit, UNDP IRH; HIV, Health and Development Unit, UNDP IRH
- **Responsible Parties:** Healthcare Without Harm (HCWH), World Health Organization (excused)
- **Regional Expert Team:** Chief Technical Expert (CTE), UNDP IRH
- **Senior Beneficiary:** Representatives from the Governments and UNDP Country Offices of the 4 participating countries (Ghana, Madagascar, Tanzania, Zambia)
- **Project Coordinator(s):** from the regional component and 4 national components of the overall GEF project

Please note that voting members are UNDP IRH Manager, a senior level official designated by each of the Participating Governments, a representative from WHO and a representative of HCWH.

Agenda:

Time	Session
16h30 – 16h40	General opening and introduction <ul style="list-style-type: none">• Chair: Etienne Gonin, UNDP GEF Regional Technical Advisor (on behalf of IRH Manager)
16h40 – 17h10	Presentation on Progress and Planning <ul style="list-style-type: none">• Presentation of the progress and work plan, Selimcan Azizoglu, Regional Project Coordinator• Questions and Answers Presentation on Key Technical Discussions <ul style="list-style-type: none">• Presentation of the key technical issues, Jan-Gerd Kuehling, Chief Technical Expert• Questions and Answers
17h10 – 17h20	Discussions and Inputs from Board Members
17h20 – 17h30	Recommendations and conclusions

Minutes of the Meeting were taken by Abena Nakawa and Selimcan Azizoglu. **Simultaneous interpretation (English/French)** was provided during the meeting.

Participants:

	Participant	Title
1	Susan Wilburn* <swilburn@hcwh.org>	Sustainability Director Healthcare Without Harm
2	Ruth Stringer <rstringer@hcwh.org>	Senior Expert Healthcare Without Harm
3	Etienne Gonin* <etienne.gonin@undp.org>	Programme Analyst, MPU/Chemicals UNDP Istanbul Regional Hub
4	Jan-Gerd Kuehling <kuehling@etlog-health.de>	International Consultant Chief Technical Expert of the GEF Project
5	Laurence Reno <laurence.reno8@gmail.com>	International Consultant Technical support
6	Selimcan Azizoglu <selimcan.azizoglu@undp.org>	Regional Project Manager UNDP Istanbul Regional Hub
7	Luqman Yesufu <luqman@groundwork.org.za>	GGHH officer Healthcare Without Harm
8	Edith Clarke* <clarke.edith@gmail.com>	National Project Director Ghana Health Services, Ministry of Health
9	Abena Nakawa <abena.nakawa@undp.org>	National Project Coordinator UNDP Ghana
10	Joel Ayim Darkwah <joel.darkwah@undp.org>	CO representative UNDP Ghana
11	Hantanirina Ravaosendrasoa* <poussyna2000@yahoo.fr>	Deputy National Project Director Ministry of Health, Madagascar
12	Verosoa Raharivelo <verosoa.raharivelo@undp.org>	CO representative UNDP Madagascar
13	Honest Anicetus* <hanicetus@gmail.com>	National Project Director Ministry of Health (MoHCEDC), Tanzania
14	Deogratias Mkembela <dmkembela@yahoo.com>	National Project Coordinator UNDP Tanzania
15	Bwijo Bwijo <bwijo.bwijo@undp.org>	CO representative UNDP Tanzania
16	Florence Mwale* <floasa@yahoo.com>	Deputy National Project Director Ministry of Health, Zambia
17	Velice Shizia Nangavo <velice.nangavo@undp.org>	CO representative UNDP Zambia
18	Laura Sinyama <laura.sinyama@undp.org>	CO representative UNDP Zambia
19	Rosemary Kumwenda (skype) <rosemary.kumwenda@undp.org>	Senior Policy Advisor / SPHS Coordinator, HIV Health and Development, UNDP Istanbul Regional Hub

* Voting members of the regional project board

List of documents brought to attention of the Project Board:

- Annual Work plans for 2016 and 2017
- List of participants
- Project Results Framework
- Project progress report
- Way forward items to be brought attention to the regional project board

1. General opening and introduction

Etienne Gonin (UNDP):

- Welcomed the Project Board meeting participants and informed participants that he is chairing the meeting on behalf of the Executive of the project, Mr. Rastislav Vrbensky, Manager of the UNDP Istanbul Regional Hub who is unable to chair the meeting remotely.
- Declared the formal opening of the first Project Board Meeting.
- Informed participants the regional component was launched in December, 2015 and the project officially started with the of the 5 project document signature in Madagascar, on 12th April 2016. The project duration is 4 years and the project official end date is on 11th April 2020.
- Mentioned that although board meeting is not a requirement during the inception workshop, it was important to hold the first project board meeting as time elapsed since the project started.
- Briefly explained project board's structure and then highlighted that meeting is open to all stakeholders but voting members are only UNDP IRH representatives, a senior level official designated by each of the Participating Governments, a representative from WHO and a representative of HCWH.
- Noted that WHO representative could not participate but confirmed through email the commitment of the WHO; the representative will keep being engaged and will review the board meeting minutes.
- Noted that the project board will meet once every year.

2. Presentation of the Progress and the Planning

Selimcan Azizoglu (Regional project coordinator):

- Progress Reporting:
 - All 4 participating countries completed official process of project document signature.
 - Project partnership agreements were finalized with HCWH (June 2016) and WHO (September 2016).
 - Recruitments of Chief Technical Expert and IC for Technical Support were completed.
 - Organization of national inception workshops in Ghana, Zambia and Tanzania were supported by regional component (organized by each of national components of the project).
 - 8 trainees from Ghana were supported to participate in a HCWM training delivered by Jan-Gerd Kuehling during GIZ training at KATH, Kumasi-Ghana.
- Presentation of 2015 and 2016 budget delivery:
 - In 2015, the regional component of the project delivered USD 4,611 with 92% delivery rate (project was approved in December 2015).
 - In 2016, the regional component of the project delivered 148,513 USD (38%) to date, noting that commitments are not included in the delivery rate mentioned.
 - Expected expenditure by the end of 2016 is USD 328,150 (85%). A budget revision may be considered, some of the resources planned initially for 2016 would be reprogrammed to 2017.
- Planning – Next steps (2016-2017):
 - Activity 1: 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
 - This activity will end in February 2017
 - Technical guidelines to be developed
 - Project's team training at regional level to be held
 - Activity 3: Make available in the region affordable non-incineration HCWM systems and Mercury-free devices that conform to BAT and international standards (for to 3 health posts, up to 2 hospitals, and 1 central or cluster treatment facility)
 - This activity will cover the period of 2017-2018
 - This activity represents the 1st phase of technology procurement to be carried out centrally. The total budget allocated for this procurement is 1,254,444 USD and technologies will be equally distributed in 4 project countries (each - 313,611 USD)

- Procurement will be centrally carried out by UNDP (two procurement rounds, early 2017 and late 2018). In the project preparation stage and Project Document, the procurement was planned to be organized by UNDP Copenhagen PSO due to their procurement experience in health technology equipment and the low procurement capacity of UNDP Istanbul Regional Hub (IRH) at the time of its relocation from Bratislava. In 2016, the regional project team approached UNDP Copenhagen PSO for the costing proposal for the procurement and received a total processing fee proposal of USD 98,975. This costing was consulted to UNDP Istanbul Regional Hub's administration (IRH) which advised that the Regional hub's capacity had reached a level allowing to run this procurement centrally at a lower cost. This arrangement is also supported by UNDP IRH Manager. In this regard, it is recommended to seek project board approval to finalize this decision, as a modification to the solution initially proposed in the Project Document.
 - 2017 Regional Project/Board Meeting will also be organized under Activity 3.
 - Activity 5: Monitoring, learning, adaptive feedback, outreach and evaluation
 - During 2016-2017, the project has allocated small amount of budget to maintain a project website, possibly, www.gefmedwaste.org
- Planning – Key recommendations provided by the Inception workshop participants during the previous session on Restitution of the Working Groups & Discussions
 - Project design
 - All working groups reviewed project results framework and proposed some modifications on log frame indicators, targets, source of verifications and updated risks associated. Modifications proposed will be reviewed by the regional project team and necessary update will be applied for inclusion in the project results framework.
 - Regional expert team
 - Matrix of responsibility among project partners will be advised by Chief Technical Expert after this presentation (attached to these minutes).
 - All working groups agreed on providing additional flexibility/funding for regional expert team to provide ad hoc technical guidance at national components when specific needs arise.
 - Annual Work Plans of 2016 and 2017
 - All working groups accepted regional AWP as presented in the supporting documents to the Inception workshop.
 - Groups agreed on next regional project board meeting to be held in Istanbul in early May 2017.
 - Legislation and Policy Making
 - The overview shared by WHO including the current status and main gaps on HCWM legislation and policy making items are accepted by groups as of now, however, some updates will be sent by each of the project teams following the inception workshop.
 - It is also recommended to possibly consider facility level policy making.
 - Project teams training
 - Groups agreed on training location as Kenya (vicinity of Nairobi) and dates to be 27 November – 10 December 2016
 - Composition of trainees (4 trainees for each country) are proposed as National Project Directors, National Project Coordinators, National Technical Advisors and one trainee from training institution who is active in teaching at project countries. ToR is to be prepared to facilitate nomination process.
 - Groups recommended some changes in the draft training curriculum that was shared at the Workshop, mainly to cover more content on HCWM management, enforcement and gender practices. Countries should send their comments until mid-October and the revised curriculum will be shared by end of October 2016.

- Procurement arrangement
 - Limited budget (up to 5% of 1st procurement set) previously allocated at the regional level for the procurements will now be allocated at the national level for procurement through UNDP COs.
 - Selection Criteria for HCFs, Technology Evaluation Formula and MTR Criteria advised by Chief Technical Expert (on the first day) were agreed by all groups. The principle of allocation of resources for the second round of procurement based on aggregate national performance by each country on the first procurement was agreed.
 - It was also advised that for the second round of procurement, performance should not be the only criterion but also needs of the facilities would be considered. In some cases, it might be more feasible to provide an additional unit to supplement capacity of exceeded demands in facilities supported in the first round, instead of expanding number of facilities supported.
- Co-financing
 - It is highly recommended that country teams conduct a mapping exercise of other projects/donors which implemented a healthcare waste management component in project countries.
- Requests for extra support from the regional component
 - As recommended in other discussion points, it was agreed on that regional component may provide more flexible budget to support national implementations mainly on procurement, consultancy and trainings. This will be reviewed and considered by the regional project team on a case-by-case basis and reported at the regional project board meeting.
- Gender
 - Groups agreed on possible inclusion of gender session to the project's team training.
 - It was also recommended to provide gender sensitivity on the preparation for job descriptions, ToRs and specifications of technology procurement.
 - At national level, possible activities/entry points to empower gender equality would be liaised with UNDP CO Gender units and Gender based NGOs.
- Knowledge sharing and outreach activities
 - Groups agreed to maintain the project website www.gefmedwaste.org and establish a twitter account for the project.
 - Groups proposed the organization of regular bilateral updates between countries and quarterly project coordinators' meeting.
 - It was also recommended that project can find some synergies with similar projects in other countries in the region, Kenya and Uganda hosting similar HCWM projects for example. The project should also be available to cooperate with various programs/platforms such as SPHS, GGHH, ISWA, ICAN etc.
- Planning – Considerations to be approved by the project board
 - Consideration of approval of the progress report
 - Consideration of approval of annual work plans (2016-2017)
 - Consideration of approval of project's technology procurement to be centrally organized by UNDP Istanbul Regional Hub.
 - Consideration of approval of criteria for HCFs, technology allocation formula and MTR criteria recommendations.
 - Consideration of approval of budget allocation at regional level up to 5% budget of 1st procurement round for national components to procure some necessary equipment locally.
 - Consideration of approval of 3,000 USD budget allocation at regional level to promote gender equality.
- *Selimcan Azizoglu* noted that all annual targets are on track and risk log will be updated with recommendations after the board meeting. He also reminded that budget details and planning were

already summarized in the document of “Way Forward - Items to be brought to the attention of the Project Board Meeting” which is accordingly reflected in the Annual Work Plans for 2016-2017. They are both shared with workshop participants in the meeting package and by email as well.

Jan-Gerd Kuehling (CTE):

- Planning – Key technical discussions
 - Matrix of responsibilities among project partners was recommended based on project activities at the regional level. The responsibilities of the three partners (UNDP, WHO, HCWH) are as follows:

Component / Outcome		UNDP	WHO	HCWH
1	Technical guidelines, evaluation criteria, teams of experts			
1.1	Guidelines, evaluation criteria, formula adopted	Lead	Support	Support
1.2	National experts trained	Lead	Support	Support
2	HCW National plans, strategies and policies			
2.1	National policy and framework for HCWM and Mercury	Review	Lead	Support
2.2	National action plan + site selection	Lead	Support	Support
3a	Non-incineration HCWM systems and mercury-free device			
3a.1	Procurement of HCW systems and mercury free dev.	Lead	Review	Support
3a.2	Deliver and installation of equipment	Lead	Review	Support

The responsibilities for the demonstration part of the project are country-based and will be further specified during the duration of the project.

- Overview of time planning was emphasized with critical milestones until MTR:
 - Milestone 1 until 01.01.2017 - Sites (HCFs) to be selected
 - Milestone 2 until 01.04.2017 - Procurement tender to be published
 - Milestone 3 until 01.08.2017 - Procurement contract to be signed
 - Milestone 4 until 01.01.2018 - First commissioning of equipment
 - It was noted that in most cases, the national development plan will not be finished until procurement starts.
- Sites selection must be completed until the end of the year but some pre-selected sites might not have the necessary infrastructure in place. The project will not let HCFs have equipment installed until the site readiness is ensured. Therefore, the project also needs to consider additional storage costs / specific agreements with the selected supplier.
- Standardization:
 - The centrally organized procurement requires standardized approach so flexibility on selections will be rather limited. But the regional component considers to provide limited budget (up to 5% of procurement budget) for national components to provide flexibility for local procurements of certain items.
 - High flexibility will be required from the supply company as the equipment will be delivered only after site readiness.
 - The set-up of a waste management equipment catalogue is recommended to lower the risk of delays and to facilitate the selection of equipment. It is recommended that project countries will only be able to select equipment from the catalogue which the project will add on to Tanzania’s work done in this area.
 - Countries are required to share information on quantities of non-mercury containing devices to be supplied to the selected health care facilities. Bill of quantities should be prepared soon and the project will need to discuss if there is a need for separate procurement for mercury-free devices. Regional technical expert working together with project coordinators will prepare bill of quantities by February, 2017.

- Technology allocation formula:
 - Procurement will be centrally carried out by UNDP (two procurement rounds, early 2017 and late 2018).
 - Technology allocation formula (“how many technologies will each country/facility receive”) is pre-defined for component 3 (a): Equipping 3 health posts, up to 2 hospitals, and 1 central or cluster treatment facility. It is assumed to have equal distribution among 4 project countries in the 1st phase of the procurement, about USD 313,611 will be available per country.
 - USD 313,611 will include costs associated with non-incineration systems at health posts, hospitals, central/cluster treatment facilities; recycling systems; mercury free devices; and logistics and installation.
- Co-financing is very important in this project structure. It should be closely followed up with commitments and linked with related works in project countries.
- Two questions to the Project Board: 1. Do you agree on standardized approach on developing catalogue (considering an example from Tanzania)? This was approved.
- 2. What can we do if the country does not select the HCFs? Options are to stop the procurement or the regional expert team makes an estimate in coordination with the project country. The second option was approved.

3. Comments of the Project Board members and discussions

Honest Anicetus (Tanzania):

- Asked why the World Bank did not participate in implementation of this project?

Etienne Gonin (UNDP):

- During project preparation stage, we contacted them at different stages and in the various participating countries but they did not show an interest to be directly implementing. The mapping activity in project countries will highlight World Bank-implemented projects and may open further opportunities for cooperation. World Bank could also be considered as an observer in some of the projects activities.

Honest Anicetus (Tanzania):

- On procurement arrangements: will the project consider innovations in local context and promote local technology testing?

Jan-Gerd Kuehling (CTE):

- The procurement will be centrally organized with international tendering processed as per UNDP rules and regulations, which means it will be open to all bidders from all countries.
- Procurement contract will also include requirements for installation, training and successful commissioning testing.
- It is true that local technology producers might not meet the very high requirements of and have the scale for international tender processes; therefore, as proposed during discussion sessions, there is a plan to allocate up to 5% of the procurement budget to be used by national components to procure at national level.

Etienne Gonin (UNDP):

- Considering the upcoming deadlines, project countries should also commit to communicate on the progress in selecting the pilot HCFs for the first stage; on a monthly basis until the deadline of 1st of January.

Honest Anicetus (Tanzania):

- HCFs will need specifications of these equipment to estimate the cost to be covered on their end. Second, in addition to the support for new HCWM systems in pilot facilities, the project should also support the existing technologies available in the project countries.

Jan-Gerd Kuehling (CTE):

- The project includes this flexibility both to support existing systems and new systems - Ghana plans this approach for example, in the case of hydroclaves. Regarding the specifications, it is proposed that when the project formalizes MoUs with selected HCFs, it should annex bill of quantities for specifications and the infrastructure required.

Susan Wilburn (HCWH):

- There are some big hospitals among the pre-selected HCFs in countries. Considering budget limitations, the project may need to prioritize some sections on these hospitals to demonstrate HCWM practices, then the hospital management teams may like to spread lessons learnt and expand these practices to the whole hospital as a second step.

Jan-Gerd Kuehling (CTE):

- Full agreement with the remark from HCWH. For example, Muhimbili National Hospital in Tanzania has a capacity which is impossible for the project to support on its own. The project can provide 1 autoclave in the first phase and the gap and needs can be evaluated in the second phase.

Florence Mwale (Zambia):

- We will need to inform and follow up about these details with the pre-selected HCFs in Zambia to make sure that expectations would be met on both sides (i.e. project team and HCFs).

Edith Clarke (Ghana):

- In Ghana, there is the same issue with size/capacity of hospitals regarding the criteria mentioning the maximum combined capacity of 300 beds for the hospitals. This may need to be clarified further.

Etienne Gonin (UNDP):

- According to project document, in the first phase, each country will be provided HCWM systems for 2 hospitals, up to 300 beds combined. Size of hospitals would be larger but the project can serve specific sections scaled down for 300 beds in total, as mentioned above by HCWH.

Honest Anicetus (Tanzania):

- The project should also clarify if items such as shredders and compacters will be supported by the project.

Jan-Gerd Kuehling (CTE):

- The need for shredders, needle-cutters is a well-known problem especially for the risk of re-use of syringes. Some experiences show that shredders can be costly and difficult to use, so it may not be the best solution in all country situations. The CTE suggestion is to leave it to countries' decisions. Such additional equipment might be centrally procured or selected among locally available equipment.

Ruth Stringer (HCWH):

- Needle cutters can be the preferred option (as opposed to other options for syringes) but unfortunately it was against Tanzania's policy at least a few years ago. There have been studies presented in favor of needle cutters. In Component 3.3 for recycling activities, needle cutters might be a demonstration project in project countries to promote their usage.

Susan Wilburn (HCWH):

- WHO advised Tanzania's government in the past that needle cutters do not create any problem.
- In San Francisco, USA, a demonstration project was successfully applied for small automated needle cutters placed in different hospital departments, in which needles are cut without any touch, and in the place where they were used and disposed. This could be considered.

Etienne Gonin (UNDP):

- Considering Madagascar, how do we ensure the project teams' training will be comprehensible to French-speakers?

Jan-Gerd Kuehling (CTE):

- We can use the training materials in French prepared during the global GEF project, in addition to translation to be provided throughout the training.

Rosemary Kumwenda (UNDP):

- raised three issues; first, in the progress report there is an indication of remaining budgets in 2016 will be reversed to 2017, it should be changed to reprogrammed in 2017. Second, current delivery rate is at 38% and expected delivery rate by the end of 2016 is 85%, considering we are already coming to the end of September, it should be clarified how the project will deliver. Third, can the project allocate financial resources to SPHS tools/platforms which were presented earlier in the inception workshop, considering the low budget delivery at the moment?

Selimcan Azizoglu (UNDP):

- Thanked for the point on budget revision wording. It will be changed to "reprogram" accordingly. Second, the difference between the current and expected end year expenditures is due to project teams' training planned for December 2016. In the current case, the project will need to revise its budget for the estimated 15% remaining budget and reprogram it to its 2017 budget.

Etienne Gonin (UNDP):

- As discussed during the project meeting, the project may have some financial challenges, especially in terms of procurement, and this is why the needs for securing co-financing options have been emphasized to ensure successful implementation of project activities. Therefore, the project is not in position to deliver in other activities than the ones already planned and to allocate such funding at this stage. The project will surely benefit from the SPHS tools/platforms and active cooperation will continue to be pursued.

Honest Anicetus (Tanzania):

- The project does not seem to include enough the private sector. This is a crucial link to be considered.

Jan-Gerd Kuehling (CTE):

- fully agrees with this opinion on private sector's involvement. For this reason, the project included modalities of private sector's involvement on recycling, etc. Additionally, it is important that each country overviews the relevant private sector actors to link them with the project.

Etienne Gonin (UNDP):

- In fact, during the project preparation stage this was also discussed and some project countries already received co-financing commitments from companies like Zoomlion in Ghana and Waste Master in Zambia. But these efforts can indeed be expanded to co-finance the project.

4. Project Board recommendations and conclusions

Following considerations were presented to the project board and approved with a consensus:

- *Revised Project Results Framework (Annex 1).*
- *Project progress report, budgets and annual work plans for 2016-2017.*
- *Recommendations on Selection Criteria for HCFs, Technology Evaluation Formula and MTR Criteria.*
- *Technology procurement arrangement to be centrally organized by UNDP IRH.*
- *Resource allocation of up to 5% budget of the 1st procurement round to be administered by national components upon their request, in order to procure some equipment locally.*
- *Resource allocation in the amount of 3.000 USD at the regional level to incorporate gender-related activities within the project scope.*

Etienne Gonin (UNDP):

- Congratulated all participants for their excellent work and exchanges and confirmed, after consultation of the meeting members, that the working plan & budget were approved by this meeting, with a list of recommendations discussed to intensify project implementation.
- Stated that this was a successful first project board meeting. Thanked the participants and formally concluded the Project Board Meeting.

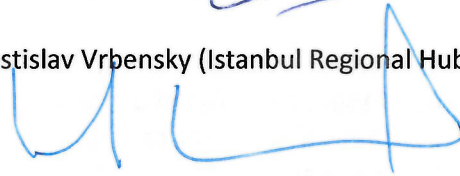
Prepared by: Selimcan Azizoglu (Project Manager)

 21.10.2016

Cleared by: Etienne Gonin (Programme Analyst, MPU/Chemicals)

 21.10.2016

Approved by: Rastislav Vrbensky (Istanbul Regional Hub Manager)



Signature:

21.10.2016

Date: