UNDP Bangladesh
2023 Annual Work Plan (AWP - Version - B) Checklist
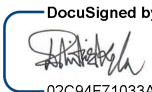
Award ID: 00146163, Project IDs: 00133357, Title: The Health Care Waste Mgt -BGD

	Format and General Issues:	Yes	No	N/A	Comments
1	Submitted AWP is prepared in Standard Prescribed Format including AWP cover page	✓			01- Cover Page, 02 - Front Page, AWP-03, MYB - 04
2	Atlas codes correctly mentioned (Award ID, Project ID, and Project title, Donor, Account, Fund etc.)	✓			
3	AWP Planning meeting conducted	✓			
4	Minutes of the Appraisal/Review meeting attached			✓	05- Review meeting minutes
5	Annual/Mid year Review Meeting conducted			✓	
6	Annual HR , Procurement and Communications plans are prepared and attached with AWP	✓			06-HR Plan 07- Procurement Plan 08 - Communication Plan for 2023
7	Resources are available to support the AWP	✓			09. Available Resource
8	AWP is approved by the Implementing Partner, if applicable			✓	
9	AWP is endorsed/agreed by the Project Board/Steering Committee, if applicable			✓	
10	Signature of the Project Manager/NPD available in the AWP	✓			PM will sign as for DIM Project
	Results Related Issues:	**Yes**	**No**	**N/A**	
1	The AWP reflects overall priorities of the year	✓			
2	The activities are clearly defined (indicate what exactly will be done, to the point with expected timelines by quarter)	✓			
3	The activity lines spell out the geographic location wise intervention	✓			
4	Possible areas of collaboration with other projects have been considered in project activities			✓	
5	Outputs and activities are aligned to the UNDAF, CPD and project document (The listed activity/s can be directly attributed to the achievement of the expected country programme outputs)	✓			Shown in the AWP 2023
6	The activity/s implemented with CSOs, academic institutions, other quasi-Governmental institutions, and other UN agencies as implementing partners are reflected in the work plans	✓			Shown in the AWP 2023
7	A one page summary of intended/achievable results is attached	✓			10 Summary Intended Result
8	The Outcome / Intermediate Outcomes and Outputs are correctly entered as per the language in the Results Framework	✓			
9	M&E plan attached and adequately budgeted in the AWP	✓			11 M&E Plan -SID CHT-2023
10	Field monitoring plan attached (for field-based project only)	✓			12 Field Monitoring Plan 2023
11	Risk Log, Issue Log, monitoring Log updated in ATLAS and attached with AWP	✓			13 Risk, 14 issue and 15 Monitoring logs
12	Gender Marker is attributed in ATLAS	✓			16 Gender marker 17 Gender Action Plan
13	Lessons learned have been incorporated in the AWP, as per the last APR minutes	✓			
14	Baseline, Target and Deliverables for 2022 are aligned to the Results Framework	✓			
15	Baseline data for each indicater have been collected	✓			
16	Annual target for each indicator has been set	✓			
17	3 to 5 annual key results have been identified and attached	✓			18 Summary Results of 2023
18	The Targets and baselines are gender-disaggregated where a population group is being measured	✓			
19	Articulation of results of the AWP has followed the SMART and RBM guidelines	✓			
20	Assumptions and risks specific to each outcput and outcome is contextualised and clearly spelt out	✓			

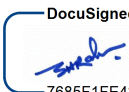|		Yes	No	N/A	
21	Knowledge Management has been planned and budgeted	✓			
22	Generation and use of evidence – from monitoring, research and/or evaluation – has been considered	✓			
23	The Budget comply with the spirit of Results Based Budgeting (RBB)	✓			
Resources Related Issues:		**Yes**	**No**	**N/A**	
1	Total proposed budget for the AWP does not exceed approved total project budget	✓			
2	The AWP budget is within the scope of the funds availability/commitment (available Cash + Commitment)	✓			
4	Appropriate provisions are available according to the AWP Commisioning memo (Common cost, GMS, DPC, Communication, M&E etc.)	✓			
5	Updated list of Equipment assets with the project/Programme showing UNDP assets			✓	
6	The summary page reflects the resources	✓			

Remarks/Comments (including justification for returning to Programme cluster):

Submitted by the Project:

Rhitwik Roy Chowdhury
Budget Associate
SID-CHT

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19-Dec-2022

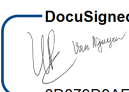| **Cleared by Programme Cluster:**	**Cleared by Partnerships Cluster**
Hamidur Rahman Admin and Finance Officer DG Cluster, UNDP Bangladesh DocuSigned by: 7685F1FE42924DC... 19-Dec-2022	Md Maharaj Hossain Programme Associate Partnership Unit, UNDP Bangladesh DocuSigned by: EE4EA53CFB674A1... 19-Dec-2022
Signed by DRR/RR: DocuSigned by: 6D879D9AF3DC425... 19-Dec-2022	

Clearance Certification

Project Document (AWP)
or
Project/Budget Revision "2023"

SHORT TITLE : **The Health Care Waste Mgt -BGD**

PROJECT NUMBER: **Award ID: 00146163** **Project ID: 00133357**

(I) SUBMITTING PROGRAMME/PROJECT MANAGER:

1. Reasons and justification for this revision are clearly indicated on the cover page. ☒
2. All relevant parties are in agreement with the revision: ☒
   - as is indicated in the justification, or
   - as per signature(s) obtained on the cover page, or
   - as per written agreement as has been referenced in relevant signature block.
3. An analysis of the budget increase/decrease (in case more than $10,000) has been made and is attached. ☒
4. The cover page and budget are according to standard format. ☒

Signature: *DocuSigned by: Sheela Tasneem Haq* — 8069E3248058499... **Date:** 19-Dec-2022

Sheela Tasneem Haq Senior Governance Specialist

(II) Cluster Head
I have reviewed and hereby recommend approval of this Project Incitation Document/AWP for 2023.

Signature: *DocuSigned by:* — D7851262AEC3433 **Date:** 19-Dec-2022

Anowarul Haq, Assistant Resident Representative

(III) RESULT AND RESOURCE MANAGEMENT CLUSTER (RRMC):

Programme Associate:	Assistant Resident Representative:
☒ I have verified the attached submission and confirm that this AWP-2019 in accordance with existing rules.	Recomendation for approval
☒ Justification for return	
Md Maharaj Hossain Programme Associate Partnership Unit, UNDP Bangladesh Signature: *DocuSigned by:* EE4EA53CFB674A1... Date: 19-Dec-2022	Sarder M Asaduzzaman Assistant Resident Representative Partnership Unit, UNDP Bangladesh Signature: *DocuSigned by:* C2499D33D91941B... Date: 19-Dec-2022

DocuSigned by: — 6D879D9AF3DC425...

Approved by DRR
19-Dec-2022

Note: Please return Approved Budget Revision to Partnerships who retains original and forwards copy to Programme Manager concerned for his/her file and submission to national and, if applicable, UN agencies.

United Nations Development Programme

জাতিসংঘ উন্নয়ন কর্মসূচী

United Nations Development Programme
Budget -"A"

Project Title:	The Project for the Improvement of Infectious Waste Management in Southwest Asia
Project Number:	00133357
Implementing Partner:	UNDP Bangladesh

Starting Date: 28 September 2022	End Date: 27 September 2024	PAC Meeting Date: 30 August 2022

Contributing Outcomes (UNSDCF/CPD or RPD):	UNDP Global and Regional Programme Outcome #1: Inclusive and sustainable structural transformation to reduce poverty, inequality, and vulnerabilities towards the achievement of SDGs and inclusive, sustainable, resilient, and digital transitions. UNDP Regional Programme Output 1.3. Inclusive, gender-responsive, resilient, sustainable, and universal social protection and health systems and services strengthened with increased investment.
Strategic Plan	• OUTPUT 1.4 Equitable, resilient and sustainable systems for health and pandemic preparedness strengthened to address communicable and non-communicable diseases, including COVID-19, HIV, tuberculosis, malaria and mental health
Expected Output(s)	• UNSDCF/CPD Outcomes 2: By 2026, ecosystems are healthier, and all people, in particular the most vulnerable and marginalized in both rural and urban settings, benefit from and contribute to, in a gender-responsive manner, a cleaner and more resilient environment, an enriched natural resource base, low carbon development, and are more prosperous and resilient to climate change, shocks and disasters. • Output 2.2: Institutions have strengthened capacities to develop, manage and deliver policies, strategies, and actions to improve ecosystem health and manage dynamic risks, such as climate change, disasters, pandemics, and humanitarian crises.

Brief Description

Improperly managed healthcare waste is a significant source of pollutants that adversely affect human health and the environment. The COVID-19 pandemic rapidly increased infectious healthcare waste, which is now overwhelming waste treatment facilities. Limited public and private investments in sustainable waste treatment systems have resulted in mounting infectious healthcare waste and limited waste management capacity to handle the different types of hazardous waste.

This project seeks to support national governments, health agencies and stakeholders in three countries (Bangladesh, Bhutan, and the Maldives) in Southwest Asia by deploying locally appropriate and gender-responsive healthcare waste management practices and technologies. It also seeks to improve the capacity of healthcare institutions (i) to address both infectious and non-infectious healthcare waste, (ii) to protect human
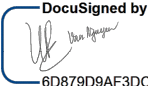
health, and (iii) to minimize the environmental and social impacts.

This project will benefit healthcare workers, including staff and patients, healthcare waste management personnel, and the broader population. It will ensure that waste is safely handled and disposed. The project will strengthen healthcare waste management policies and include innovative digital technology and renewable/green energy. It will also contribute to South-South learning and the sharing of knowledge, skills, good practices, and expertise across the region and globally.

Key Results: UNSDCF/CPD: Outcome #1 UNDP Global and Regional Programme Output 1.3: Gender UNDP Regional Programme Marker: GEN2 Management Arrangement: DIM	Total resources required:		USD 2,781,137
	Total resources allocated:	UNDP TRAC:	
		Government of Japan	USD 2,781,137
		Government:	
Justification:			

Agreed by (signature):

UNDP
DocuSigned by: *Van Nguyen* 6D879D9AF3DC425... Van Nguyen Deputy Resident Representative UNDP Bangladesh Date: 19-Nov-2022

Atlas Project ID: 00146163	Annual Work Plan (AWP) for 2023-Version-B
Atlas Output ID: 00133357	
Project/Programe Title:	The Health Care Waste Mgt -BGD
UNSDCF/CPD or RPD	Outcome #1: Inclusive and sustainable structural transformation to reduce poverty, inequality, and vulnerabilities towards the achievement of SDGs and inclusive, sustainable, resilient and digital transitions.
Applicable Output(s) from the UNDP Strategic Plan:	Output 1.3. Inclusive, gender-responsive, resilient, sustainable, and universal social protection and health systems and services strengthened with increased investment.
CPD Outcome:	Outcome 3 – Strengthen resilience to shocks and crises
CPD Output(s):	Output 2.2: Institutions have strengthened capacities to develop, manage and deliver policies, strategies, and actions to improve ecosystem health and manage dynamic risks, such as climate change, disasters, pandemics, and humanitarian crises

EXPECTED OUTPUTS / Components or major interim Results of the project ; To be shown as Activities in Atlas	ATLAS Activity Code	Activity Results are the Outputs of the Project and Actions are the activities for achieving each output- not to be included in Atlas	Target	Timeframe Q1	Q2	Q3	Q4	Responsible Party	Fund Code	Donor Code	Budget Code	Budget Description	Planned Budget (Jan - December 2023) (USD)
Output 1: Established Hardware system (incinerators, containers, vehicles, etc) established for health waste management system in 26 locations under 3 Districts of CHT.	EQUIP PROCURE	Activity 1.1.1 Map existing practices, good practices and challenges through stakeholder consultation to capture the baseline and gaps (S) -26 unit overall	26 Reports by 01 Consultant				X	UNDP-001981	32045	00141	71300	Mapping Existing practices through Professional Consultancy/Professional Services	
	EQUIP PROCURE	Activity 1.1.2 Conduct assessment and requirement analysis, stakeholder consultations (Technical Requirement Analysis in 26 Location)	26 Reports by 01 Consultant				X	UNDP-001981	32045	00141	71300	Assessing baseline and gap through Professional Consultancy/Professional Services	
	EQUIP PROCURE	Activity 1.2.1 Procure and setup disposal treatment system, including autoclaves, in hospitals and central at the municipality level (26 Locations)	4				X	UNDP-001981	32045	00141	72300	Procurement of Autoclaves	629,000.00
	EQUIP PROCURE	Activity 1.3.1 Setup waste collection with marked smart container and sharp boxes in 23 subdistrict level public hospitals and 3 district level public hospitals; (26 Centers)	4				X	UNDP-001981	32045	00141	72300	Procurement of smart marked containers and sharp boxes	79,246.00
Gender marker: GEN2	EQUIP PROCURE	Activity 1.3.2 Setup waste keeping system / storing system in 23 subdistrict level public hospitals and 3 district level public hospitals Center); (26 in biohazard bag/waste bag; (26 Center)	9				X	UNDP-001981	32045	00141	72300	Procurement of biohazard bag/ waste bags	30,000.00
	EQUIP PROCURE	Activity 1.3.3 Ensure use of close / secure waste bags when two-third to be filled up 24months in 26 Locations	5				X	UNDP-001981	32045	00141	72300	Procurement of closed/secured bags	70,000.00
	EQUIP PROCURE	Activity 1.3.4 Establish a safe moving system and Maintain for disposal and treatment (vehicle and others) - Establishment and Maintain both.	6				X	UNDP-001981	32045	00141	72300	Procurement of vehicle/transport or waste moving cars	100,000.00
	EQUIP PROCURE	Activity 1.3.5 Setup storage and treatment plan at the municipalities level under local govt ministry (Hardware setup: Storing, Carrying, Disposing (26 locations). Establishment and Maintain both.	4				X	UNDP-001981	32045	00141	72300	Procurement of storage and treatment plant at municipalities	139,288.00
	EQUIP PROCURE	Activity 1.3.6 Recruit Programme Staff (3 for 24m) (District Coordinator-3) giving preference to women wherever available	Salary = 3 Staff for 3 months				X	UNDP-001981	32045	00141	71400	Hire District coordinators for each 3 districts for 24 months - DM	50,000.00
Subtotal : EQUIP PROCURE													1,097,534.00

EXPECTED OUTPUTS Components or major interim Results of the project ; To be shown as Activities in Atlas	ATLAS Activity Code	Activity Results are the Outputs of the Project and Actions are the activities for achieving each output- not to be included in Atlas	Target	Timeframe				Responsible Party	Fund Code	Donor Code	Budget Code	Budget Description	Planned Budget (Jan - December 2023) (USD)
				Q1	Q2	Q3	Q4						
Output 2:	CAPACITY BUILDI	Activity 2.1.1 Procure PPE (Boots, long-sleeved gowns, heavy-duty gloves, goggles).	0				X	UNDP-001981	32045	00141	72300	Procurement of PPE	26,000.00
Dedicated, trained and well-equipped team can manage waste collection, handling, storage and disposal	CAPACITY BUILDI	Activity 2.2.1 Train healthcare unit waste Personnel managers and HCW operators on Best Available Practices (BAP) for HCWM (S) 240 Staff (shall ensure women participants)	34 Workshops				X	UNDP-001981	32045	00141	75700	Training of HCW personnel and operators through professional service providers	38,630.00
Gender marker: GEN2	CAPACITY BUILDI	Activity 2.3.1 Maintaining and developing a system for performing hand hygiene after removing waste to avoid personal risks. 24m (PIC) - Establishment and Maintain both	0				X	UNDP-001981	32045	00141	72300	Procurement of containers and hand washing soups	13,000.00
	CAPACITY BUILDI	Activity 2.3.2 Recruit Programme Staff (2 for 24 m) (PIC) Note: (Technical Specialist Waste-1 and Project Manager-1) (preference to women wherever available)	Salary = 2 Staff for 3 months				X	UNDP-001981	32045	00141	71400	Hire 1 Technical Specialist and 1 Project Manager for 24 months	72,521.00
	CAPACITY BUILDI	Activity 2.4.1 Activity volume and load analysis for practical planning (PIC) - 26 Location (workforce and Chain)	16 Reports by 01 Consultant				X	UNDP-001981	32045	00141	71300	Load analysis and monitoring through professional service	1,248.00
Subtotal : CAPACITY BUILDI													151,399.00
Output 3:	ENABLING ENVIRO	Activity 3.1.1 Develop and implement communications tools for coordination with local governance institutions responsible for HCWM oversight (for 26 locations based on the existing manual practices) - Develop the system and Implementation and Maintain	01 Consultant				X	UNDP-001981	32045	00141	71300	Establishment of oversight and communication or behavioral tools	10,400.00
Established model of communication and behavioural model among the service providers and service recipients under the local governance for waste management	ENABLING ENVIRO	*Activity 3.2.1 Develop and contextualise local guidelines based on the National and International Guideline (DGHS in Bangladesh 2020, Who and UNICEF 2020, UNEP 2020) (@12,000*3)*	02 Consultant				X	UNDP-001981	32045	00141	*71300*	*Development of local guidelines by professional consultancy*	23,782.00
Gender marker: GEN2	ENABLING ENVIRO	Activity 3.3.1 Facilitate higher level events with the Ministry of Health and Local Government to initiate innovations (@10,000*2).	01 Workshop				X	UNDP-001981	32045	00141	75700	Arrangement of higher-level workshops, seminars with ministries for capacity building,	10,000.00
	ENABLING ENVIRO	Activity 3.4.1 Establish and maintain online monitoring system.	Firm				X	UNDP-001981	32045	00141	72100	Monitoring traditional as well as autoclave-based waste management system through professional services	18,000.00
	ENABLING ENVIRO	Activity 3.5.1 Conduct a sensemaking workshop with relevant stakeholders in 29 locations (S) - 26 Sub-district level workshops + 3 District level workshops	23 Workshop				X	UNDP-001981	32045	00141	75700	Conducting sensemaking workshops with stakeholders for capacity building	4,060.00
Subtotal: ENABLING ENVIRO													66,242.00

EXPECTED OUTPUTS Components or major interim Results of the project ; To be shown as Activities in Atlas	ATLAS Activity Code	Activity Results are the Outputs of the Project and Actions are the activities for achieving each output- not to be included in Atlas	Target	Timeframe				Responsible Party	Fund Code	Donor Code	Budget Code	Budget Description	Planned Budget (Jan - December 2023) (USD)
				Q1	Q2	Q3	Q4						
Monitoring, Evaluation and Gender	MNG POLICY COOR	M&E 1%, Gender 1% and Final project assessment 1%	Salary				X	UNDP-001981	32045	00141	71400	M&E 1%, Gender 1% and Final project assessment 1%	27,000.00
Monitoring, Evaluation and Gender	MNG POLICY COOR	M&E 1%, Gender 1% and Final project assessment 1%	Salary				X	UNDP-001981	32045	00141	71600	M&E 1%, Gender 1% and Final project assessment 1%	3,000.00
Direct Project Costing	MNG POLICY COOR	DPC	LS				X	UNDP-001981	32045	00141	74500	DPC	35,759.00
General Management Support	MNG POLICY COOR	General Management Support	LS				X	UNDP-001981	32045	00141	75100	GMS - 8%	110,475.00
Subtotal: MNG POLICY COOR													176,234.00
GRAND TOTAL													1,491,409.00

Total Budget by Output	Output	The Health Care Waste Mgt -BGD
	EQUIP PROCURE	1,097,534.00
	CAPACITY BUILDI	151,399.00
	ENABLING ENVIRO	66,242.00
	MNG POLICY COOR	176,234.00
	Total:	**1,491,409.00**

Total Budget by Fund & Donors	DONORS: (00141)	
	JAPAN FUND (32045)	1,491,409.00
	Total Programmable Budget	1,491,409.00

Total by Implementing Agency	Implementing Agency	
	UNDP DCOS :	1,491,409.00
	NIM DP :	-
	NIM :	-
	Total Project Budget:	1,491,409.00

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19-Dec-2022

Anowarul Haq
Assistant Resident Representative

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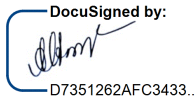
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19-Dec-2022

Deputy Resident Representative
Title, Signature & Date

This Annual Work Plan (AWP) is based on Results Management Guidelines (RMG) of UNDP. Once signed by UNDP and the Implementing Partner, the plan authorizes the responsible parties and project management to manage available resources and achieve set results.
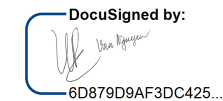
Multi-year Budget:

The Project for the Improvement of Infectious Waste Management in Southwest Asia (Output ID: 00133357)

	Imp. Agency		Activity ID	Y - 2022 (28 September - December 2022)	Y - 2023 (01 January - 31 December)	Y - 2024 (01 January - 27 September)	Total (2016-June 2022)
Total budget by Implementing Agent	UNDP	001981	EQUIP PROCURE	375,546	1,097,534	555,970	2,029,050
			CAPACITY BUILDI	24,321	151,399	50,000	225,720
			ENABLING ENVIRO	43,858	66,242	16,200	126,300
			MNG POLICY COOR	62,498	176,234	161,335	400,067
			GMS				-
	Sub-total: AVCB-CHT			**506,223**	**1,491,409**	**783,505**	**2,781,137**
	Fund		**DONOR**	**Y-2019**	**Y-2020**	**Y-2021**	**Total (2019-June 2022)**
Total budget by fund	JAPAN FUND	32045	00141	506,223	1,491,409	783,505	2,781,137
	Total			**506,223**	**1,491,409**	**783,505**	**2,781,137**

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19-Dec-2022

Assistant Resident Representative
Cluster Head, UNDP
Signature & Date

DocuSigned by:

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19-Dec-2022

Deputy Resident Representative
UNDP
Signature & Date

Meeting Minutes on DPC, project staff, and core staff of medical waste management project
Date- 31-10-2022
Location- SID-CHT meeting room, IDB Bhaban

The meeting agreed upon the following action points:

- A Delegation of Authority (DoA) of the project needs to be prepared and signed for the PM- Healthcare Management project.
- Including (Induction of) the 4-project staff, appointing of a medical waste mgt expert and a few core staff (like Operation Manager, HR, Budget Associate, Admin, and Finance) from the SID-CHT will be engaged to execute the project's operation throughout the project period. The salary cost for the core staff will be charged from the 2% DPC, while 3% DPC will be charged for UNDP-CO.
- The partial salary of the PMR Team Lead will be charged from the 1% monitoring cost.
- The 4-project staff (PM, 3 DCs) will be engaged from the SID-CHT, sharing partial salary from the Healthcare Management project.
- All DSA and field-related costs will be charged from the specific project activity/s. Besides, operation costs like office rent, utility charges and fuel use for field trips were discussed and indicated ways to charge the cost from different *AWP lines.*
- However, despite our repeated pressure, Fatema apa and Ramiz bhai indicated that no operation cost will be charged up to June 2023. After June 2023, the CO will advise on operation cost issues (office rent, utilities, communications, etc.).
- 1 IC-M&E Officer will be hired to maintain the project's database, M&E training, assessment, and evaluation.

At the beginning of the meeting while Ramiz Bhai proposed who would be the PM, the ARR, Prasenjit da indicated the NPM-SID-CHT to run the project as head of SID-CHT and needful officials will be included as 4 project staff and others as per the condition of agreed documents. Then, the above (action plan) was discussed subsequently. The meeting ended with a determination to implement the project at the donor's satisfaction.

All expressed their satisfaction with the outcome of the meeting.

Rhitwik Roy Chowdhury

From:	Shareful Hassan
Sent:	Wednesday, November 2, 2022 4:46 PM
To:	Ramiz Uddin; Fatematul Jannat
Cc:	Prasenjit Chakma; Supradip Chakma; Biplab Chakma; Rhitwik Roy Chowdhury
Subject:	RE: Meeting Minutes on DPC, project staff, and core staff of medical waste management project
Attachments:	Discusison on the DPC, Staff and ToR.docx

Dear all,
We have prepared this meeting minutes based on our most recent meeting about the medical waste management project. Please review it and let us know if there is anything we missed.
Regards, Shareful

UNDP Bangladesh NIM/DEX project Recruitment Plan - 2023
Project/Cluster: The Project for the Improvement of Infectious Waste Management in Southwest Asia (Output ID: 00133357)
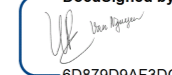
1. HR Plan for 2023
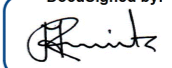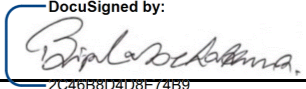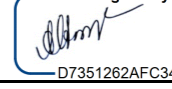
Position	Number of position(s)	Category/Band	Contract Duration	Person Expected on board* Already on board from	Budgeted Amount in USD	Position budgeted & reflected in AWP Yes/No**
Technical Specialist	1	NB3/NPSA 7	1 year initially		25748	Yes
District Coordinator	1	NB4/NPSA 9	1 year initially		46537	Yes
Admin Associate	1	NB3/NPSA 6	1 year initially		20810	Yes

NOTE:

** The NPSA salaries and Increment amount shall be allocated under 71405

2. Position management - Existing Staff (both national and international if applicable) - all contract type (NPSA, IFTA, ITA, IC)

Name	Position Title	Contract Modality	Level/Band	Contract end date (DD/MM/YYYY)	Planned extension	Remarks
Biplab Chakma	Chief Livelihoods and NRM	NPSA	NB5/NPSA 10	31/3/2023		Cost sharing
Khushiray Tripura	District Manager	NPSA	NB4/NPSA 9	31/3/2023		Cost sharing
Priyatar Chakma	District Manager	NPSA	NB4/NPSA 9	31/3/2023		Cost sharing
Ratan Khisha	Operations Manager	NPSA	NB4/NPSA 9	31/3/2023		Cost sharing
Shareful Hassan	Team Leader, Planning Monitoring and Reporting	NPSA	NB4/NPSA 9	31/3/2023		Cost sharing
Samar Chakma	Finance and Accounts Officer	NPSA	NB4/NPSA 9	31/3/2023		Cost sharing
Rikta Mohinta	Human Resources Officer	NPSA	NB4/NPSA 8	31/3/2023		Cost sharing
Rhitwik Roy Chowdhury	Budget Associate	NPSA	NB3/NPSA 6	30/4/2023		Cost sharing

	Name	Designation	Date	Signature
Prepared by	Rikta Mohinta	Human Resources Officer	19-Dec-2022	DocuSigned by: *[signature]* 4DE170D41CA340F...
Certified by	Biplab Chakma	Chief Livelihoods and NRM	19-Dec-2022	DocuSigned by: *[signature]* 2C46B8D4D8E74B9...
Recomended by Cluster Head	Anowarul Haq	Assistant Resident Representative - Democratic Governance	19-Dec-2022	DocuSigned by: *[signature]* D7351262AFC3433...
Approved by DRR	Van Nguyen	Deputy Resident Representative	19-Dec-2022	DocuSigned by: *[signature]* 6D879D9AF3DC425...
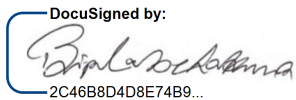
						Strenthening Inclusive Development in CHT, Procurement Plan - 2023										
Country Office	**Bangladesh**															
Submitted by:	The Project for the Improvement of Infectious Waste Management in Southwest Asia					Instructions: - Only include procurements to be done by UNDP for DIM, Management, support-to-NIM projects - If you need additional lines, right-click and "Insert" rows, do not copy-paste, to keep drop-down menus & format.										
Date:	**1-Dec-22**															

Project Name	**Project ID**	**Description of goods, services or works required**	**Unit of Measure**	**Quantity**	**Estimated Unit Price in USD**	**Estimated Total Price in USD**	**Multi-year contractmin USD**			**Is Amendment?**	**Amendment Value (USD)**	**Procurement request submission date**	**Target Purchase Order Date (if Goods) and Planned Contract Start Date (if Civil Works, IC, or Services)**	**Final Delivery Date of Good/Services/Civil works/IC**	**End user of goods, services or works**	**Procurement Process Status**	**Remarks**
							2022	**2023**	**2024**								
The Project for the Improvement of Infectious Waste Management in Southwest Asia	00133357	Procurement of Autoclaves (Activity 1.2.1 Procure and setup disposal treatment system, including autoclaves, in hospitals and central at the municipality level (26 Locations)	Firm	1	962,000	962,000		777,000	185,000.00	No	N/A	Jan-23	N/A	May-24	SID-CHT		
	00133357	Procurement of smart marked containers and sharp boxes (Activity 1.3.1 Setup waste collection with marked smart container and sharp boxes in 23 subdistrict level public hospitals and 3 district level public hospitals; (26 Centers)	Firm	1	121,200	121,200	18,646	79,246	23,308.00	No	N/A	Nov-22	N/A	Jun-24	SID-CHT		
	00133357	Procurement of biohazard bag/ waste bags (Activity 1.3.2 Setup waste keeping system / storing system in 23 subdistrict level public hospitals and 3 district level public hospitals Center); (26 in biohazard bag/waste bag; (26 Center)	Firm	1	90,000	90,000	30,000	30,000	30,000.00	No	N/A	Nov-22	N/A	Jun-24	SID-CHT		
	00133357	Procurement of closed/secured bags (Activity 1.3.3 Ensure use of close / secure waste bags when two-third to be filled up 24months in 26 Locations)	Firm	1	150,000	150,000		100,000	50,000.00	No	N/A	Jan-23	N/A	May-24	SID-CHT		
	00133357	Procurement of vehicle/transport or waste moving cars (Activity 1.3.4 Establish a safe moving system and Maintain for disposal and treatment (vehicle and others) - Establishment and Maintain both.)	Firm	1	300,000	300,000		170,000	130,000.00	No	N/A	Jan-23	N/A	Jun-24	SID-CHT		
	00133357	Procurement of storage and treatment plant at municipalities (Activity 1.3.5 Setup storage and treatment plan at the municipalities level under local govt ministry (Hardware setup: Storing, Carrying, Disposing (26 locations). Establishment and Maintain both.)	Firm	1	305,750	305,750		189,288	116,462.00	No	N/A	Jan-23	N/A	Jun-24	SID-CHT		

Project Name	Project ID	Description of goods, services or works required	Unit of Measure	Quantity	Estimated Unit Price in USD	Estimated Total Price in USD	Multi-year contractmin USD			Is Amendment?	Amendment Value (USD)	Procurement request submission date	Target Purchase Order Date (if Goods) and Planned Contract Start Date (if Civil Works, IC, or Services)	Final Delivery Date of Good/Services/Civil works/IC	End user of goods, services or works	Procurement Process Status	Remarks
							2022	2023	2024								
	00133357	Procurement of PPE (Activity 2.1.1 Procure PPE (Boots, long-sleeved gowns, heavy-duty gloves, goggles))	Vendor	1	26,000	26,000		26,000		No	N/A	Jan-23	N/A	Jun-23	SID-CHT		
	00133358	Procurement of containers and hand washing soups (Activity 2.3.1 Maintaining and developing a system for performing hand	Vendor	1	13,000.00	13,000		13,000				Jan-23	N/A	Jun-23	SID-CHT		
	00133357	Establishment of oversight and communication or behavioral tools (Activity 3.1.1 Develop and implement communications tools for coordination with local governance institutions responsible for HCWM oversight (for 26 locations based on the existing manual practices) - Develop the system and Implementation and Maintain)	Consultant	2	10,000	20,000		12,800	7,200.00	No	N/A	Jan-23	N/A	May-24	SID-CHT		
	00133357	Development of local guidelines by professional consultancy (Activity 3.2.1 Develop and contextualise local guidelines based on the National and International Guideline (DGHS in Bangladesh 2020, Who and UNICEF 2020, UNEP 2020) (@12,000*3))	Consultant	2	15,000	30,000		30,000		No	N/A	Jan-23	N/A	Sep-23	SID-CHT		
	00133357	Monitoring traditional as well as autoclave-based waste management system through professional services (Activity 3.4.1 Establish and maintain online monitoring system.)	IT Firm	1	-		45,000	18,000	9,000.00	No	N/A	Nov-22	N/A	May-24	SID-CHT		
						2,017,950	93,646	1,445,334	550,970								

	Name	Designation	Signature	
Reviewed by		Ratan Khisha, Operation Manager The Health Care Waste Management	DocuSigned by: *signature* 7F4E474591B7466...	19-Dec-2022
Endorsed by		Biplab Chakma, Project Manager The Health Care Waste Management	DocuSigned by: *signature* 2C46B8D4D8E74B9...	19-Dec-2022

Communications Plan-SID-CHT
January to December 2023

Project Title	The Health Care Waste Mgt -BGD
Duration	28 September 2022 to 27 September 2024
Project ID (Atlas)	00133357

Target audience *(ranked by importance; highlight if contacts already made)*	Communication Activities & Tools *(how best to reach your respective target audiences with the key messages?)*	Timeline *(when is the activity due or how often?)*	Expected Result/Indicator of achievement *(for each tool chosen)*	Resource requirements *(person/days required, budget implications (also consider outsourcing costs))*	Responsible CO Unit/Person *(And supporting unit/persons if any)*
• GoB • Donors • Hill District Council and Regional Council • District hospital • Upazila hospital • UNDP • Implementing Partners • Other stakeholders	Activity 3.1.1 Develop and implement communications tools for coordination with local governance institutions responsible for HCWM oversight	January -July 2023	Promotion of medical waste management increased	One consultant is needed for 4 months. The value will be USD 10,000	Comms Officer, Head of PMR, Chief Gender & Community Cohesion, Graphic Designer (IC) and Procurement unit.

Communications Plan-SID-CHT
January to December 2023

Target audience (ranked by importance; highlight if contacts already made)	Communication Activities & Tools (how best to reach your respective target audiences with the key messages?)	Timeline (when is the activity due or how often?)	Expected Result/Indicator of achievement (for each tool chosen)	Resource requirements (person/days required, budget implications (also consider outsourcing costs))	Responsible CO Unit/Person (And supporting unit/persons if any)
- GoB - Donors - Hill District Council and Regional Council - District hospital - Upazila hospital - UNDP - Implementing Partners Other stakeholders	Activity 3.2.1 Develop and contextualise local guidelines based on the National and International Guideline (DGHS in Bangladesh 2020, Who and UNICEF 2020, UNEP 2020)	January -September 2023	Number of national guidelines have been prepared	Two consultants are needed for 6 months. The value will be USD 23,000	Comms Officer, Head of PMR, Chief Gender & Community Cohesion, Graphic Designer (IC) and Procurement unit.
- GoB - Donors - Hill District Council and Regional Council - District hospital - Upazila hospital - UNDP - Implementing Partners	Activity 3.3.1 Facilitate higher level events with the Ministry of Health and Local Government to initiate innovations (@10,000*2).	By September 2023	Number of national level events conducted	One workshop is needed, the total value is USD 10,000	Proejct Manager, Technical Expert- Medical Waste Management

Communications Plan-SID-CHT
January to December 2023

Target audience (ranked by importance; highlight if contacts already made)	Communication Activities & Tools (how best to reach your respective target audiences with the key messages?)	Timeline (when is the activity due or how often?)	Expected Result/Indicator of achievement (for each tool chosen)	Resource requirements (person/days required, budget implications (also consider outsourcing costs))	Responsible CO Unit/Person (And supporting unit/persons if any)
Other stakeholders					

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EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			Total Budget	RESPON SIBLE PARTY	PLANNED BUDGET		
		2022	2023	2024			Funding Source	Budget Description	Total Budget in US$
Output 1:	Activity 1.1.1 Map existing practices, good practices and challenges through stakeholder consultation to capture the baseline and gaps (S) -26 unit overall	5,000			5,000	UNDP	Japan fund	Mapping Existing practices through Professional Consultancy/Professional Services	5,000
Established Hardware system (incinerators, containers, vehicles, etc) established for health waste management system in 26 locations under 3 Districts of CHT.	Activity 1.1.2 Conduct assessment and requirement analysis, stakeholder consultations (Technical Requirement Analysis in 26 Location)	3,900			3,900	UNDP	Japan fund	Assessing baseline and gap through Professional Consultancy/Professional Services	3,900
Gender marker: GEN2	Activity 1.2.1 Procure and setup disposal treatment system, including autoclaves, in hospitals and central at the municipality level (26 Locations)	148,000	629,000	185,000	962,000	UNDP	Japan fund	Procurement of Autoclaves	962,000
	Activity 1.3.1 Setup waste collection with marked smart container and sharp boxes in 23 subdistrict level public hospitals and 3 district level public hospitals; (26 Centers)	18,646	79,246	23,308	121,200	UNDP	Japan fund	Procurement of smart marked containers and sharp boxes	121,200
	Activity 1.3.2 Setup waste keeping system / storing system in 23 subdistrict level public hospitals and 3 district level public hospitals Center); (26 in biohazard bag/waste bag; (26 Center)	30,000	30,000	30,000	90,000	UNDP	Japan fund	Procurement of biohazard bag/ waste bags	90,000
	Activity 1.3.3 Ensure use of close / secure waste bags when two-third to be filled up 24months in 26 Locations	30,000	70,000	50,000	150,000	UNDP	Japan fund	Procurement of closed/secured bags	150,000
	Activity 1.3.4 Establish a safe moving system and Maintain for disposal and treatment (vehicle and others) - Establishment and Maintain both.	70,000	100,000	130,000	300,000	UNDP	Japan fund	Procurement of vehicle/transport or waste moving cars	300,000

	Activity				Total				Total
	Activity 1.3.5 Setup storage and treatment plan at the municipalities level under local govt ministry (Hardware setup: Storing, Carrying, Disposing (26 locations). Establishment and Maintain both.	50,000	139,288	116,462	305,750	UNDP	Japan fund	Procurement of storage and treatment plant at municipalities	305,750
	Activity 1.3.6 Recruit Programme Staff (3 for 24m) (District Coordinator-3) giving preference to women wherever available	20,000	50,000	21,200	91,200	UNDP	Japan fund	Hire District coordinators for each 3 districts for 24 months	91,200
	Sub-Total for Output 1	375,546	1,097,534	555,970	2,029,050	-	-	-	2,029,050
Output 2:	Activity 2.1.1 Procure PPE (Boots, long-sleeved gowns, heavy-duty gloves, goggles).		26,000		26,000	UNDP	Japan fund	Procurement of PPE	26,000
Dedicated, trained and well-equipped team can manage waste collection, handling, storage and disposal	Activity 2.2.1 Train healthcare unit waste Personnel managers and HCW operators on Best Available Practices (BAP) for HCWM (S) 240 Staff (shall ensure women participants)	9,770	38,630	20,000	68,400	UNDP	Japan fund	Training of HCW personnel and operators through professional service providers	68,400
Gender marker: GEN2	Activity 2.3.1 Maintaining and developing a system for performing hand hygiene after removing waste to avoid personal risks. 24m (PIC) - Establishment and Maintain both		13,000		13,000	UNDP	Japan fund	Procurement of containers and hand washing soups	13,000
	Activity 2.3.2 Recruit Programme Staff (2 for 24 m) (PIC) Note: (Technical Specialist Waste-1 and Project Manager-1) (preference to women wherever available)	12,679	72,521	30,000	115,200	UNDP	Japan fund	Hire 1 Technical Specialist and 1 Project Manager for 24 months	115,200
	Activity 2.4.1 Activity volume and load analysis for practical planning (PIC) - 26 Location (workforce and Chain)	1,872	1,248		3,120	UNDP	Japan fund	Load analysis and monitoring through professional service	3,120
	Sub-Total for Output 2	24,321	151,399	50,000	225,720	-	-	-	225,720

Output 3:	Activity 3.1.1 Develop and implement communications tools for coordination with local governance institutions responsible for HCWM oversight (for 26 locations based on the existing manual practices) - Develop the system and Implementation and Maintain	2,400	10,400	7,200	20,000	UNDP	Japan fund	Establishment of oversight and communication or behavioral tools	20,000
Established model of communication and behavioural model among the service providers and service recipients under the local governance for waste management	Activity 3.2.1 Develop and contextualise local guidelines based on the National and International Guideline (DGHS in Bangladesh 2020, Who and UNICEF 2020, UNEP 2020) (@12,000*3)	6,218	23,782		30,000	UNDP	Japan fund	Development of local guidelines by professional consultancy	30,000
Gender marker: GEN2	Activity 3.3.1 Facilitate higher level events with the Ministry of Health and Local Government to initiate innovations (@10,000*2).	10,000	10,000		20,000	UNDP	Japan fund	Arrangement of higher-level workshops, seminars with ministries for capacity building,	20,000
	Activity 3.4.1 Establish and maintain online monitoring system.	9,000	18,000	9,000	36,000	UNDP	Japan fund	Monitoring traditional as well as autoclave-based waste management system through professional services	36,000
	Activity 3.5.1 Conduct a sensemaking workshop with relevant stakeholders in 29 locations (S) - 26 Sub-district level workshops + 3 District level workshops	16,240	4,060		20,300	UNDP	Japan fund	Conducting sensemaking workshops with stakeholders for capacity building	20,300
	Sub-Total for Output 3	**43,858**	**66,242**	**16,200**	**126,300**	**-**	**-**	**-**	**126,300**
Monitoring, Evaluation and Gender	M&E 1%, Gender 1% and Final project assessment 1%	5,000	30,000	36,432	71,432				71,432

Direct Project Costing	DPC	20,000	35,759	66,866	122,625		Japan fund		122,625
Total Project Budget without GMS (Output 1+2+3+M&E, Gender +DPC)		**468,725**	**1,380,934**	**725,468**	**2,575,127**				**2,575,127**
General Management Support	GMS 8%	37,498	110,475	58,037	206,010		Japan fund		206,010
TOTAL Project Budget for Bangladesh Country Office including GMS		**506,223**	**1,491,409**	**783,505**	**2,781,137**				**2,781,137**

- 2,781,137.38

Intended/achievable results for 2023

- Map existing practices, good practices and challenges through stakeholder consultation to capture the baseline and gaps
- Conduct assessment and requirement analysis, stakeholder consultations (Technical Requirement Analysis in 26 Location)
- Procure and setup disposal treatment system, including autoclaves, in hospitals and central at the municipality level (26 Locations)

PROJECT MONITORING AND EVALUATION PLAN -2023

Project Title and Duration	:	The Health Care Waste Mgt -BGD (Start- 28 September 2022 to End- 27 September 2024)
Project ID (Atlas)	:	00133357
CPD Outcome/Output	:	Output 2.1: More people in Bangladesh, especially the most vulnerable and marginalized, have increased capacities, knowledge, and skills to adopt sustainable consumption behaviours and lead in climate action. Output 2.2: Institutions have strengthened capacities to develop, manage and deliver policies, strategies, and actions to improve ecosystem health and manage dynamic risks, such as climate change, disasters, pandemics, and humanitarian crises
UNDAF Output	:	Outcome 3: By 2026, ecosystems are healthier, and all people, in particular the most vulnerable and marginalized in both rural and urban settings, benefit from and contribute to, in a gender-responsive manner, a cleaner and more resilient environment, an enriched natural resource base, low carbon development, and are more prosperous and resilient to climate change, shocks and disasters Output 3.3 – Civil society, private sector and government actors work together to put the country on a path of sustainable and green development by providing efficient oversight functions for environmental policies and legal frameworks, identifying financing solutions, and prioritizing green investments (low carbon and circular economic systems, pollution and chemical management and nature-based solutions).
Strategic Plan Outcome/Output	:	OUTPUT 1.4 Equitable, resilient and sustainable systems for health and pandemic preparedness strengthened to address communicable and non-communicable diseases, including COVID-19, HIV, tuberculosis, malaria and mental health
SDG Goal/Target	:	Target 3.9- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

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PROJECT MONITORING AND EVALUATION PLAN -2023

Output 1. HCWM equipment, consumables and PPE delivered to partner healthcare units.										
Project Output Indicators	Name of Activity	Baseline (Year)	Target (Year)	Progress Against Target (M/Y)*	Data Collection Methods (M&E Activities)	Means of Verification (data sources)	Frequency	Responsibilities	Resources (M&E Cost)	Assumptions and Risks
1.1 Number of facilities covered	Key Activity 1.1.1. Map existing practices, good practices and challenges through stakeholder consultation	0 (2022)	•26 (2022) •00 (2023) •00 (2024)		Hospital Survey	Survey report	Quarterly/annual	PM, M&E and consultant	7,800 USD	
	Key Activity 1.1.2 Conduct assessment, baseline and gap analysis, stakeholder consultations	0 (2022)	•26 (2022) •00 (2023) •00 (2024)		Hospital Survey	Survey report	Quarterly/annual	PM, M&E and consultant	3,900 USD	
1.2 Number of autoclaves installed	Key Activity 1.2.1 Procure and setup disposal treatment system, including autoclaves, in hospitals and central at the municipality level.	0 (2022)	•00 (2022) •26 (2023) •00 (2024)		Activity Report/ monitoring progress record	Procurement reports	Quarterly/annual	PM and Operation		International procurement process may take longer time
1.3 Quantity of waste disposed	Key Activity 1.3.1 Setup waste collection with marked smart container and sharp boxes in 23 subdistrict level public hospitals and 3 district level	0 (2022)	•00 (2022) •26 (2023) •00 (2024)		Activity Report/ monitoring progress record	Annual Progress Report SID-CHT	Quarterly/annual	Project implementation team		

PROJECT MONITORING AND EVALUATION PLAN -2023

		Baseline	Target	Progress Against Target (M/Y)	Data Collection Methods (M&E Activities)	Means of Verification (data sources)	Frequency	Responsibilities	Resources (M&E Cost)	Assumptions and Risks
	Key Activity 1.3.2 Setup waste keeping system / storing system in 23 subdistrict level public hospitals and 3 district level public hospitals; (26 Center) in biohazard	0 (2022)	•00 (2022) •26 (2023) •00 (2024)		Activity Report/ monitoring progress record	Annual Progress Report SID-CHT	Quarterly/annual	Project implementation team		
	Key Activity 1.3.3 Ensure use of close / secure waste bags when two-third to be filled up 24 months	0 (2022)	•06 (2022) •20 (2023) •00 (2024)		Activity Report/ monitoring progress record	Annual Progress Report SID-CHT	Quarterly/annual	Project implementation team		No-biodegradable bags may hamper environment
	Key Activity 1.3.4 Establish a safe moving system for disposal and treatment (vehicle and others)	0 (2022)	•00 (2022) •20 (2023) •06 (2024)		Activity Report/ monitoring progress record	Annual Progress Report SID-CHT	Quarterly/annual	Project implementation team		
	Key Activity 1.3.5 Setup storage and treatment plan at the municipalities level under local govt ministry (Hardware setup: Storing, Carrying, Disposing (26 locations).	0 (2022)	•00 (2022) •20 (2023) •06 (2024)		Activity Report/ monitoring progress record	Annual Progress Report SID-CHT	Quarterly/annual	Project implementation team		

Output 2. Dedicated, trained and well-equipped HCWM teams of 498 workers effectively managing HCW generated at 26 targeted units.

Project Output Indicators		Baseline (Year)	Target (Year)	Progress Against Target (M/Y)	Data Collection Methods (M&E Activities)	Means of Verification (data sources)	Frequency	Responsibilities	Resources (M&E Cost)	Assumptions and Risks

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PROJECT MONITORING AND EVALUATION PLAN -2023

		Baseline (Year)	Target (Year)	Progress Against Target	Data Collection Methods	Means of Verification	Frequency	Responsibilities	Resources (M&E Cost)	Assumptions and Risks
2.1 Number of PPE set procured)	Key Activity 2.1.1 Procure PPE (Boots, long-sleeved gowns, heavy-duty gloves, goggles)	0 (2022)	• 00 (2022) •624 (2023) •00 (2024)		Activity Report/ monitoring progress record	Annual Progress Report SID-CHT	Quarterly/annual	Project implementation team		
2.2 Number of personnel trained for autoclaves	Key Activity 2.2.1 Train healthcare unit waste Personnel managers and HCW operators on Best Available Practices (BAP) for HCWM (S) 240 Staff	0 (2022)	•00 (2022) •240 (2023) •00 (2024)		Activity Report/ monitoring progress record	Training Database	Quarterly/annual	Project implementation team		
2.3 Creation of system for hand hygiene (Development of hand washing behaviour)	Key Activity 2.3.1 Maintaining and developing a system for performing hand hygiene after removing waste to avoid personal risks.	0 (2022)	•00 (2022) •24 (2023) •00 (2024)		Activity Report/ monitoring progress record	Annual Progress Report SID-CHT	Quarterly/annual	Project implementation team		
2.4 Number of activity volume and load analysis conducted	Key Activity 2.4.1 Activity volume and load analysis for practical planning	0 (2022)	•00 (2022) •20 (2023) •06 (2024)		Special report	Annual Progress Report SID-CHT	Quarterly/annual	PM, M&E and consultant	3,120	

Output 3. A model for effective coordination between waste managers and district authorities deployed.

Project Output Indicators		Baseline (Year)	Target (Year)	Progress Against Target (M/Y)	Data Collection Methods (M&E Activities)	Means of Verification (data sources)	Frequency	Responsibilities	Resources (M&E Cost)	Assumptions and Risks

PROJECT MONITORING AND EVALUATION PLAN -2023

3.1 Oversight communications tools developed	Key Activity 3.1.1 Develop and implement communications tools(manual and apply system system within hospitals for general patients, visitors, waste management personnel and cleaners to understand waste management protocol) for coordination with local governance institutions responsible for HCWM oversight	0 (2022)	• 00 (2022) • 01 (2023) • 01 (2024)		Activity Report/ monitoring progress record	Tools and guideline	Quarterly/annual	Project implementation team	24,000 USD	
3.2 Number of local guidelines developed	Key Activity 3.2.1 Develop and contextualize local guidelines based on the National and International Guideline (DGHS in Bangladesh 2020, Who and Unicef 2020, UNEP 2020)	0 (2022)	• 00 (2022) • 00 (2023) • 03 (2024)		Activity Report/ monitoring progress record	Tools and guideline	Quarterly/annual	PM and consultant	36,000 USD	

5

Project Monitoring and Evaluation Plan -2023

3.3 Number of new green or HCWM initiatives to be initiated	Key Activity 3.3.1 Facilitate higher level events with the Ministry of Health and Local Government to initiate innovations	0 (2022)	• 01 (2022) • 00 (2023) • 01 (2024)		Event report	Annual Progress Report SID-CHT	Quarterly/annual	SID-CHT		
3.4 Online monitoring system available	Key Activity 3.4.1 Establish online monitoring (quantity of the waste, the waste treated by traditional burning/by autoclave etc.) system	No (2022)	• 00 (2022) • 00 (2023) • Yes (2024)		Monitoring system on live	Annual Progress Report SID-CHT	Quarterly/annual	M&E, Project implementation team	36,000 USD	
3.5 Number of sensemaking workshop conducted (26 subdistrict level and 3 district level)	Key Activity 3.5.1 Conduct a sensemaking workshop with relevant stakeholders in 29 locations	0 (2022)	• 06 (2022) • 20 (2023) • 03 (2024)		Event report	Annual Progress Report SID-CHT	Quarterly/annual	SID-CHT, Project implementation team	20,300 USD	

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PROJECT MONITORING AND EVALUATION PLAN -2023

Evaluation/Study/Survey Title	UNDP Strategic Plan Outcome	Partners (joint evaluation)	Evaluation commissioned by (if not UNDP)	Type of Evaluation/Study/Survey	Planned Evaluation/Study/Survey Starting Date (Month/Year) (Month/Year)	Planned Evaluation/Study/Survey Completion Date (Month/Year)	Estimated Cost	Provisional Source of Funding	Commissioned to external firm/consultant
Map existing practices, good practices and challenges through stakeholder consultation	OUTPUT 1.4 Equitable, resilient and sustainable systems for health and pandemic preparedness strengthened to address communicable and non-communicable diseases, including COVID-19, HIV, tuberculosis, malaria and mental health	N/A	Third party	Baseline Survey	July/2022	Sept/2022	7,800 USD	Donor budget	Yes
Conduct assessment, baseline and gap analysis, stakeholder consultations	OUTPUT 1.4 Equitable, resilient and sustainable systems for health and pandemic preparedness strengthened to address communicable and non-communicable diseases, including COVID-19, HIV, tuberculosis, malaria and mental health	N/A	Third party	Baseline Survey	July/2022	Sept/2022	3,900 USD	Donor budget	Yes

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Field Monitoring Plan

Project Title	The Health Care Waste Mgt -BGD
Duration	28 September 2022 to 27 September 2024
Project ID (Atlas)	00133357

Date[1]	Location[2]	Mission Members[3]	Purpose	Methodology
Jan -March 2023	Rangamati	Technical staff-Medical Waste management, Biplab Chakma All DCs	Local-level orientation meeting with Civil Surgeon and other stakeholders	Presentation and group discussion
Jan -March 2023	Bandarban	Monitoring officer Biplab Chakma All DCs	Local-level orientation meeting with Civil Surgeon and other stakeholders	Presentation and group discussion
Jan -March 2023	Khagrachari	TL-PMR, Monitoring officer, Technical Specialist Biplab Chakma All DCs	Local-level orientation meeting with Civil Surgeon and other stakeholders	Presentation and group discussion
March-April 2023	Rangamati	TL-PMR, Monitoring officer, Technical Specialist Biplab Chakma All DCs	Strat capacity building training for health workers and other relevant staff	In-person training
March -April 2023	Bandarban	TL-PMR, Monitoring officer, Technical Specialist Biplab Chakma All DCs	Strat capacity building training for health workers and other relevant staff	In-person training

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[1] Insert month and year
[2] Insert District and Upazila
[3] Insert Name and designation

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Date[1]	Location[2]	Mission Members[3]	Purpose	Methodology
March-April 2023	Khagrachari	TL-PMR, Monitoring officer, Technical Specialist Biplab Chakma All DCs	Strat capacity building training for health workers and other relevant staff	In-person training
April- May 2023	Rangamati	Monitoring officer and PMR-TL	M&E Training for project and partner staff	Hands-on training
April- May 2023	Bandarban	Rangamati	M&E Training for project and partner staff	Hands-on training
April- May 2023	Khagrachari	Bandarban	M&E Training for project and partner staff	Hands-on training

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Private Sector Engagement Plan

Project Title	The Health Care Waste Mgt -BGD
Duration	28 September 2022 to 27 September 2024
Project ID (Atlas)	00133357
Plan to engage with the Private Sector (PS) partners (Yes/No)[1]	Not right now

Target PS partner (Name)	Nature of Engagement (Capacity building/implementation/funding/anything else. Pls explain briefly)	Technical support/assistance needed from CO (if any)
N/A	N/A	N/A

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[1] Yes = If you have any plan for the engagement with private sector; No = If you do not have any plan for the engagement with private sector

Title	**PROJECT RISK REGISTER - DELIVERABLE DESCRIPTION AND OFFLINE TEMPLATE**
Responsible Unit	BPPS/Effectiveness Group and BMS
Date approved	28 June 2022
Applicability	Applicable to all UNDP Development Projects, Development Services, Engagement Facilities, Multi-Country and South-South Projects, Development and Institutional Effectiveness Projects
Is part of	UNDP Programme & Operations Policies and Procedures: – Programme and Project Management - Accountability / Enterprise Risk Management

Purpose/Description of the Project Risk Register

UNDP's Enterprise Risk Management Policy applies to risks across all levels of the organization, including project level. Risks at the Programme/Unit level are tracked through the IWP Risk Register. Risks at the Project Level are tracked through the Project Risk Register.

Risk is defined as the effects of uncertainty on organizational objectives. An effect can be positive and/or negative. It is best practice to formulate risk in terms of "future event."

In order to contribute to a project's success, risks must be identified, assessed, prioritized and mitigated. Risk treatment and mitigation measures need to be considered and an appropriate risk management plan needs to be developed and implemented. This involves planning for and implementing resources to carry out selected actions to address the risks. These actions must be incorporated in the project work-plan, including project monitoring and reporting to ensure that all risk management activities are being implemented and have the desired effect.

Risks must be identified and assessed using the project Risk Register, which shall be submitted to the Project Appraisal Committee (PAC) as an annex to the project document. The Risk Register must then be maintained and updated as needed in Atlas for the duration of the project, no less than once a year during implementation.

Project Risk Register Templates

There are two templates for the Project Risk Register: an offline template, and an Atlas template.

See Annex 2 for the offline template for the Project Risk Register. The offline template should be used for the initial drafting of the Risk Register during project design and included in the draft project document as an annex.

Click here for the Atlas Project Risk Register in the Project Management module. During project implementation, the project management team should update the Risk Register in Atlas as often as needed but no less than once a year.

Should the project management team have limited access to Atlas, it is acceptable to use the offline template. The offline template should be transferred into Atlas by the UNDP Project Assurance (or by a member of the project management team with external access to Atlas) on a regular basis.

The Risk Register information in Atlas is automatically reflected in the Project Progress Report.

Note that Programme/Unit level risks are tracked in the Corporate Planning System, through the IWP Risk Register. The Project Risk Register should be informed by the IWP Risk Register, and vice versa.

Composition of Project Risk Register

➢ Risk ID number: reference number to allow grouping of all information on this risk
➢ Description: brief description of the risk, including potential future event and its cause
➢ Date identified: when was the risk identified

- ➢ Type (i.e. as per ERM risk categories): Social and Environmental, Financial, Operational, Organizational, Reputational, Regulatory, Strategic, Safety and Security. NOTE: In Atlas the "Environmental" risk category is equivalent to the ERM "Social and Environmental" risk category. The "Other" category should not be selected and any old risks categorized as "Other" should be updated to identify one of the 8 ERM risk categories.
- ➢ Impact and Likelihood:
  - o Impact: effect on the project if the risk were to occur on a scale of 1 (negligible) to 5 (extreme)
  - o Likelihood: estimate of the likelihood of the risk occurring on a scale of 1 (not likely) to 5 (expected)
- ➢ Risk Owner: the person or entity with the responsibility to manage the risk.
- ➢ Risk Treatment(s): what actions have been taken/will be taken to counter this risk
- ➢ Current status of Risk Treatment(s): implementation status of risk treatment/management measures and their effectiveness and relevant changes in context (online only)

Inputs

Risks are identified using the ERM Risk Categories (see Annex 1) and relevant risk tools such as the HACT, Social and Environmental Screening Procedure, Private Sector Due Diligence, Theory of Change, Procurement Risk Radar, etc. Project risks can be identified and updated at any time. They may also derive from risks identified at the Programme/Unit level or may contribute to risks at the Programme/Unit level.

Based on identification and assessment, a risk analysis shall be completed by the Project Developer as part of the Project Document preparation, using the standard offline Risk Register template. The initial draft of the Risk Register should be reviewed by the PAC. Once the consensus on the risks, including possible management measures if known, has been reached, and once the project Award has been created, the risks should be recorded in Atlas in the Project Management Module.

The Risk Register should be maintained and updated as needed (but at least once a year) in Atlas for the duration of the project; the information entered will be reflected in the Project Progress Report. There must be a check for any new risks every time the Risk Register is updated.

Atlas Action Points

The Atlas Project Management Module's Risk Register should be used to reflect the Risks initially identified and presented to the PAC. The same facility should be used to provide regular updates on identified risks and to record new risks. Navigation is Grants > Project Management > Approved Projects > Select Business Unit and Project Number > Risks tab.

To learn how to open the Risk Register in Atlas, see the Atlas Project Management Module User's Guide.

Notes on access:

- ➢ A risk recorded in Atlas the first time **will permanently remain in the system**. After saving a risk description, no changes will be allowed to the risk description, since the risk was duly identified in the first place.
- ➢ On the other hand, the fields for the Risk Treatment(s) / Management Measures and status for a given risk can be modified any time.
- ➢ New risks can be added at any time and risks that are no longer relevant can be updated so they are no longer active.

Responsibilities & Accountability

> The Project Developer drafts the initial Risk Register as part of the Project Document preparation process and submits it to the PAC for Review.
> The PAC must review and endorse the initial draft of the Risk Register.
> The Project Developer has the responsibility to create the Risk Register in Atlas following project approval, based on consensus reached during the PAC.
> Throughout the implementation of the project, it is the responsibility of the Project Manager to maintain and update the Risk Register, to ensure that risks are communicated and to implement countermeasures as decided by the Project Board.
> It is the responsibility of Project Assurance (e.g. Programme Officer) to ensure that details of identified risks are regularly updated in Atlas and properly reflected as part of the Project Progress Report (PPR).
>> o If the project management team does not have access to Atlas, the Project Assurance should be responsible for entering risk updates into the system, based on information submitted by the Project Manager using the standard template.
>> o If the project management team has external access to Atlas, they will update the details of identified risks in the system. However, the UNDP Project Assurance should review the inputs by the project management team, prior to the submission of the PPR.
> The Project Board has the responsibility to continually scan for emerging risks.
> It is the responsibility of the Project Manager to inform in a timely manner the Board regarding any new risks, changes to existing risks, or escalation of risks.
> In cases where a Project Document or Project Board are not required (e.g. Development Services, Engagement Facility, Development and Institutional Effectiveness Project), the Risk Register is still created and maintained in Atlas to inform decision making.
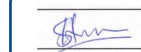
Additional Resources

[Enterprise Risk Management (ERM)](#) section of the POPP. Additional relevant policies and tools include:

- [Harmonized Approach to Cash Transfer](#)
- [UNDP Anti-Fraud Policy](#)
- [UN Programme Criticality Framework](#)
- [UNSMS Security Policy Manual](#)
- [Business Continuity Management](#)
- [Private Sector Partnerships](#)
- [Quality Standards for Programming](#)
- [Social and Environmental Standards Toolkit](#)
- [Theory of Change](#)
- [Procurement Risk Dashboard](#)
- [Crisis Risk Dashboard](#)

ANNEX 1. ERM RISK CATEGORIES AND SUB-CATEGORIES

1.Social and Environmental	2. Financial	3. Operational	4. Organizational	5. Reputational	6. Regulatory	7. Strategic	8. Safety and Security
1.1. Human rights 1.2. Gender equality and women's empowerment 1.3. Grievances (Accountability to stakeholders) 1.4. Biodiversity conservation and sustainable natural resource management 1.5. Climate change and disaster risks 1.6. Community health, safety and security 1.7. Cultural heritage 1.8. Displacement and resettlement 1.9. Indigenous peoples 1.10. Labour and working conditions 1.11. Pollution prevention and resource efficiency 1.12. Stakeholder engagement 1.13. Sexual exploitation and abuse	2.1. Cost recovery 2.2. Value for money 2.3. Corruption and fraud 2.4. Fluctuation in credit rate, market, currency 2.5. Delivery 2.6. Budget availability and cash flow	3.1. Responsiveness to audit and evaluations (Delays in the conduct of and implementation of recommendations) 3.2. Leadership and management 3.3. Flexibility and opportunity management 3.4. Reporting and communication 3.5. Partners' engagement 3.6. Transition and exit strategy 3.7. Occupational safety, health and well-being 3.8. Capacities of the partners	4.1. Governance 4.2. Execution capacity 4.3. Implementation arrangements 4.4. Accountability 4.5. Monitoring and oversight 4.6. Knowledge management 4.7. Human Resources 4.8. Internal control 4.9. Procurement	5.1. Public opinion and media 5.2. Engagement with private sector partnership 5.3. Code of conduct and ethics 5.4. Communications 5.5. Stakeholder management	6.1. Changes in the regulatory framework within the country of operation 6.2. Changes in the international regulatory framework affecting the whole organization 6.3. Deviation from UNDP internal rules and regulations	7.1. Alignment with UNDP strategic priorities 7.2. UN system coordination and reform 7.3. Stakeholder relations and partnerships 7.4. Competition 7.5. Government commitment 7.6. Change/turnover in government 7.7. Alignment with national priorities 7.8. Innovating, piloting, experimenting	8.1. Armed conflict 8.2. Political instability 8.3. Terrorism 8.4. Crime 8.5. Civil unrest 8.6. Natural hazards 8.7. Manmade hazards 8.8. Cyber security and threats

ANNEX 2: OFFLINE PROJECT RISK REGISTER TEMPLATE

Project Title: The Health Care Waste Mgt -BGD	**Project Number:** 00133357	**Date: 21-Nov-22**

#	Event	Cause	Impact(s)	Risk Category and Sub-category (including Risk Appetite)	Impact, Likelihood & Risk Level (see Annex 3 Risk Matrix)	Risk Valid From/To	Risk Owner (individual accountable for managing the risk)	Risk Treatment and Treatment Owner
1	The construction/change in use of infrastructure proposed by the project may result in adverse impacts to ecosystems, including potential impacts to critical habitats and endangered species.	Different emissions may come out from the construction or changes that may mix with air or soil.	Surrounding soil and air may pollute which could hamper public health, soil fertility, water borne diseases in CHT.	**1. SOCIAL AND ENVIRONMENTAL (1.6. Community health, safety and security) - UNDP Risk Appetite: CAUTIOUS**	Likelihood: **4 - Highly likely** Impact: **4 - Extensive** Risk level: **SUBSTANTIAL (equates to a risk appetite of OPEN)**	From: 28-Sep-22 To: 27-Sep-24	NPM-SID-CHT, Coordinator MoCHTA	• Complete the ESIA process and SES • An ESMP will be completed to detail site-specific management measures in respect of the activities to which this risk • Follow the recommendation from ESMP
2	Project interventions will take place in areas subject to natural disaster hazards.	The critical triggering factors for different natural calamities are mainly adverse impacts of climate change, land use, and land cover alteration, as	Local livelihood and biodiversity may be hampered due to environmental degradation and natural	**1. SOCIAL AND ENVIRONMENTAL (1.6. Community health, safety and security) - UNDP Risk Appetite: CAUTIOUS**	Likelihood: **3 - Moderately likely** Impact: **4 - Extensive** Risk level: **SUBSTANTIAL (equates to a risk appetite of OPEN)**	From: 28-Sep-22 To: 27-Sep-24	NPM-SID-CHT, Coordinator MoCHTA	• Management/mitigation of climate and disaster risks from the project will be incorporated in the ESMPs that will be developed during the ESIA process. • Measures within the ESMPs will relate to required surveying processes for construction activities, selection of low emissions vehicles (where feasible) and procurement of digital equipment that is powered by renewable energy

	well as extraction of gravels and groundwater in the CHT areas.	calamities. Some infrastructural facilities may wash out or destroy due the natural disasters					• In respect of risks to the project, the climate and disaster screening used for site selection will continue to be monitored and updated throughout implementation. Results of the risk screening will be assessed to consider whether any of the selected sites have particular vulnerabilities that need to be addressed in the relevant ESMPs.
3	If the health care waste management measures associated with the project are not designed and/or implemented appropriately	There will be risk of the release of both hazardous and non-hazardous pollutants into the environment.	The impact of any such release of pollutants may extend to critical habitats and endangered species.	**1. SOCIAL AND ENVIRONMENTAL (1.6. Community health, safety and security) - UNDP Risk Appetite: CAUTIOUS**	Likelihood: **4 - Highly likely** Impact: **4 - Extensive** Risk level: **SUBSTANTIAL (equates to a risk appetite of OPEN)**	From: 28-Sep-22 To: 27-Sep-24	NPM-SID-CHT, Coordinator MoCHTA	• As part of the ESIA process, ESMPs will be completed to detail site-specific management measures in respect of the activities to which this risk relates. • The measures within the ESMPs will include appropriate pollution prevention and control technologies. The various activities under Outputs 1 and 2 are themselves aimed at the prevention of hazardous and non-hazardous pollution. • Site-specific measures will be developed to ensure that these activities are being undertaken with sufficient safeguards against ambient pollution. These measures will be tailored to suit the vulnerabilities of project sites that have been found in the baseline assessment of project-area ecosystems.

| 4 | Due to the hazardous nature of some of the waste that the project relates to, there are occupational health and safety risks to people who will be undertaking the work/implementing the management practices proposed by the project. | Ignorance and uncaring about the basic practices of waste handling as well as improper use PPEs may bring health and safety risks | Health workers and associated staff may face contagious and non-contagious health problems. | **1. SOCIAL AND ENVIRONMENTAL (1.6. Community health, safety and security) - UNDP Risk Appetite: CAUTIOUS** | Likelihood: **3 - Moderately likely**

Impact: **4 - Extensive**

Risk level: **SUBSTANTIAL (equates to a risk appetite of OPEN)** | From: 28-Sep-22

To: 27-Sep-24 | NPM-SID-CHT, Coordinator MoCHTA | • While the various activities under Outputs 1 and 2 for each country are themselves aimed at promoting environmentally and occupationally safe management of hazardous and non-hazardous waste, further measures will be developed to ensure that there are sufficient policies in place to ensure safe handling of such waste
• The site-specific ESMPs will include detailed descriptions of policies that are to be implemented at project sites and how these policies are to be communicated to relevant staff. Example measures include: (i) requirements to post adequate signage at sites indicating the risks that are present and how to avoid them; (ii) mandate regular staff training to ensure that any new staff are briefed on safety risks and that existing staff remain aware of the same risks and mitigation measures. |
| 5 | There may be some harm or loss caused if structural elements constructed under the project fail. | Improper maintenance of the structural elements due to poor implementation, robust phase-out plan as well as lack | This is a risk both to individuals working with these structural elements as well as | **1. SOCIAL AND ENVIRONMENTAL (1.6. Community health, safety and security) - UNDP Risk Appetite: CAUTIOUS** | Likelihood: **2 - Low likelihood**

Impact: **3 - Intermediate**

Risk level: | From: 28-Sep-22

To: 27-Sep-24 | NPM-SID-CHT, Coordinator MoCHTA | • Establish proper monitoring and site visits
• Initiate government co-funding
• Robust phase-out plan involving local stakeholders |

		of future funding.	the communit y at large.		**LOW (equates to a risk appetite of CAUTIOUS)**			

ANNEX 3: ALIGNING THE RISK APPETITE TO RISK SIGNIFICANCE IN THE RISK MATRIX

Risk Appetite scale:

Minimal   Cautious   Exploratory   Open   Seeking

- **Minimal risk appetite**: Areas where UNDP will apply a strong control environment to reduce or minimize the likelihood that a risk will occur and/or reduce the impact of any risk.
- **Cautious risk appetite**: Areas where UNDP seeks low-risk delivery options and will pilot innovation only in a controlled environment.
- **Exploratory risk appetite**: Areas where UNDP strikes a balance between the potential upside benefits and downside risks of a decision and explores new solutions and options for delivery.
- **Open risk appetite**: Areas where UNDP has determined that the potential upside benefits outweigh the risks and will take informed risks. All potential options are considered.
- **Seeking risk appetite**: Areas where UNDP takes risks by working with new ideas and approaches, looking for innovation and recognizing that failures are an opportunity for learning and improving.

Risk Matrix:

Impact					
5	Exploratory	Open	Open	Seek	Seek
4	Cautious	Exploratory	Open	Open	Seek
3	Cautious	Exploratory	Exploratory	Exploratory	Open

Risk Level

HIGH

SUBSTANTIAL

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2	Minimal	Minimal	Cautious	Exploratory	Exploratory
1	Minimal	Minimal	Cautious	Cautious	Cautious
	1	2	3	4	5

Likelihood

MODERATE

LOW
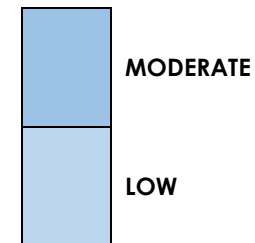
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Issue Log (Offline)

Project Title	The Health Care Waste Mgt -BGD
Duration	28 September 2022 to 27 September 2024
Project ID (Atlas)	00133357

#	Description of the Issue	Issue Type[1]	Date Identified	Status[2]
1	Procurement of high-tech technologies like autoclaves and micro-oven. All technologies have to be validated by DG-Health.	Other	2022	On-going

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[1] Change/Problem/Other

[2] Ongoing/Solved

Approved Projects

| Project | Overview | Output Targets and Results | Budgets | GMS | Activities | Monitoring | Risks | Attributes | Attachments | User Fields |

Business Unit   BGD10   Bangladesh

Project Num   00146163   Improvement of Infectious Waste Mng in SW Asia.

Monitoring Details   Find   First ◄ 1-3 of 3 ► Last

+ Monitoring Action   **Due Date**   **Completion Date** **Responsibility**
WORKSHOP ▾   19/06/2022   ☑ **Completed**   24/10/2022   Md. Shareful HASSAN

Milestone Description
Local level consultation meeting with different stakeholders

▷ Milestone Comment

+ Monitoring Action   **Due Date**
WORKPLAN ▾   07/11/2022 📅   ☐ **Completed**

Milestone Description
AWP preparation is under process.

▷ Milestone Comment

+ Monitoring Action   **Due Date**   **Completion Date** **Responsibility**
WORKSHOP ▾   20/10/2022   ☑ **Completed**   24/10/2022   Md. Shareful HASSAN

Milestone Description
Conduct a sensemaking workshop with relevant stakeholders in CHT

▷ Milestone Comment

[Save Monitoring]

[Return to Search]   [Previous tab]   [Next tab]

Project | Overview | Output Targets and Results | Budgets | GMS | Activities | Monitoring | Risks | Attributes | Attachments | User Fields

Atlas

Favorites | Main Menu > Grants > Project Management > Approved Projects

| Project | Overview | Output Targets and Results | Budgets | GMS | Activities | Monitoring | Risks | **Attributes** | Attachments | ▶ |

Business Unit   BGD10

Project Num   00146163   Improvement of Infectious Waste Mng in SW Asia.

Output Attributes   Find   First ◀ 1 of 1 ▶ Last

Output   00133357   The Health Care Waste Mgt -BGD

                                           Find   First ◀ 1 of 1 ▶ Last

                                                                              [+] [−]
Output Attribute   [GEN   ] 🔍

                                                                              [+] [−]
Effective Date   [27/10/2022] 📅

Attribute Value   [GEN2   ] 🔍   Gender equality as a significant objective

[Save Attributes]

[🔍 Return to Search]   [← Previous tab]   [→ Next tab]

Project | Overview | Output Targets and Results | Budgets | GMS | Activities | Monitoring | Risks | Attributes | Attachments | User Fields

Gender Action Plan-2023

Project Title	The Health Care Waste Mgt -BGD
Duration	28 September 2022 to 27 September 2024
Project ID (Atlas)	00133357

Actions	Person/Unit Responsible	Timeline	Budget allocation		Proposed Indicator
			Budgeted amount	%	
Trained women health care waste management workers	The project and Gender teams	Feb-July 2023	3,000		• Number of women workers trained
PPEs handed over to reduce contagious risks of healthcare waste	The project team	Feb-July 2023	4,000		• Number of women who received PPEs
Gender-sensitive communication materials	The project and Gender teams	By September 2023	3,500		• Number of gender-sensitive materials designed and printed
Total Gender Budget			**USD 10,500 (1%)**		

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Top key results-2023

1. Local-levelvel consultation meeting is done
2. Baseline survey is done
3. Situational analysis is done
4. Recruitment process is done
5. Load analysis is done

United Nations Development Programme

Multi-country Project Document:

The Project for the Improvement of Infectious Waste Management in Southwest Asia

Project Title: **The Project for the Improvement of Infectious Waste Management in Southwest Asia**

Atlas Project/ Output ID:

	Atlas Project ID	Atlas Output ID
Bangladesh	00146163	00133357
Bhutan	00146164	00133358
Maldives	00146166	00133360
Bangkok Regional Hub	00145965	00133185

PAC Meeting date: 30 August 2022
Start Date: 28 September 2022   End Date: 27 September 2024

Countries Participating: Bangladesh, Bhutan and Maldives

Brief Description

Improperly managed healthcare waste is a significant source of pollutants that adversely affect human health and the environment. The COVID-19 pandemic rapidly increased infectious healthcare waste, which is now overwhelming waste treatment facilities. Limited public and private investments in sustainable waste treatment systems have resulted in mounting infectious healthcare waste and limited waste management capacity to handle the different types of hazardous waste.

This project seeks to support national governments, health agencies and stakeholders in three countries (Bangladesh, Bhutan, and the Maldives) in Southwest Asia by deploying locally appropriate and gender-responsive healthcare waste management practices and technologies. It also seeks to improve the capacity of healthcare institutions (i) to address both infectious and non-infectious healthcare waste, (ii) to protect human health, and (iii) to minimize the environmental and social impacts.

This project will benefit healthcare workers, including staff and patients, healthcare waste management personnel, and the broader population. It will ensure that waste is safely handled and disposed. The project will strengthen healthcare waste management policies and include innovative digital technology and renewable/green energy. It will also contribute to South-South learning and the sharing of knowledge, skills, good practices, and expertise across the region and globally.

Contributing Outcomes (UNSDCF/CPD or RPD):	Total resources required:	USD 11,049,762	
• UNDP Global and Regional Programme Outcome #1: Inclusive and sustainable structural transformation to reduce poverty, inequality, and vulnerabilities towards the achievement of SDGs and inclusive, sustainable, resilient, and digital transitions. • UNDP Regional Programme Output 1.3. Inclusive, gender-responsive, resilient, sustainable, and universal social protection and health systems and services strengthened with increased investment.	**Total resources allocated:**		
		UNDP TRAC:	
		Donor: Government of Japan	USD 10, 014, 181
		Government:	

| Indicative Output(s) with gender marker[1]: Gen 2

Output 1: Strengthened institutions to deliver clean energy efficient Health Care Waste Management equipment and facilities.
Output 2: Strengthened Institutional capacities through training on safe and proper management of Health Care Waste in gender responsive manner.
Output 3: Enhanced gender responsive enabling environment at national and sub-national level for sustainable Health Care Waste Management.
Output 4: Regional Coordination and Country Project Management. | | **In-Kind:** | |
| | **Unfunded:** | USD 1,035,581*

* Due to the exchange rate loss, the AWP and budget will be reviewed and amended to reflect the actual amount received. | |

Agreed by UNDP Bangkok Regional Hub:

Signature:
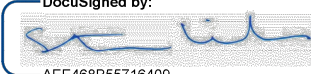
Mr. Jaco Cilliers
UNDP Bangkok Regional Hub
Regional Bureau for Asia Pacific
Date/Month/Year:
28–Sep–2022

Agreed by UNDP Country Offices:
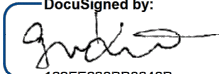
UNDP Bangladesh	**UNDP Bhutan**	**UNDP Maldives**
Signature:	Signature:	Signature:
Mr. Stefan Liller Resident Representative	Ms. Azusa Kubota Resident Representative	Mr. Enrico Gaveglia Resident Representative
Date/Month/Year: 28–Sep–2022	Date/Month/Year: 03–Oct–2022	Date/Month/Year: 29–Sep–2022

Contract Management Plan

Project Title	The Health Care Waste Mgt -BGD
Duration	28 September 2022 to 27 September 2024
Project ID (Atlas)	00133357

Type of Contract[1]	Partner's Name	End Date	Actions to be undertaken[2]
N/A			

<mark>No new contract decides yet due to lack of new funding opportunities.</mark>

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[1] LOA/MOU/PO

[2] Action to be taken before end of the contract

HACT Follow-up Action Plan

Project Title	The Health Care Waste Mgt -BGD
Duration	28 September 2022 to 27 September 2024
Project ID (Atlas)	00133357

Type of Assessment/Assurance[1]	IP's Name	List of Observations	Deadline
Micro Assessment			
<mark>**Audit- No audit plans in 2023**</mark>			

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[1] Micro Assessment, Audit, Spot Check (year should be mentioned)
  Please add more rows if needed.

Lessons Learned

No lessons have been generated so far because it has started in October 2022

Resources Mobilization Plan

Project Title	The Health Care Waste Mgt -BGD
Duration	28 September 2022 to 27 September 2024
Project ID (Atlas)	00133357

Target partner	Expected funding (+X% or $Y from $Z in YYYY)	Targeted area(s) of cooperation* (Linked to new Strategic Plan) (*Can also name the titles of associated projects)	Concrete actions and timing for engagement (Consider partners' budget cycle and most influencing persons for identifying good entry points for partnership and influencing funding decisions by partners. Specify the joint policy dialogues, high level meeting/letters, proposal submissions, etc. Indicate needed CO capacity investments)	Responsible CO Unit/Person (And supporting unit/persons if any)
N/A	N/A	N/A	N/A	N/A

Meeting Minutes on DPC, project staff, and core staff of medical waste management project
Date- 31-10-2022
Location- SID-CHT meeting room, IDB Bhaban

The meeting agreed upon the following action points:

- A Delegation of Authority (DoA) of the project needs to be prepared and signed for the PM- Healthcare Management project.
- Including the 4-project staff, appointing of a medical waste mgt expert and a few core staff (like Operation Manager, HR, Budget Associate, Admin, and Finance) from the SID-CHT will be engaged to execute the project's operation throughout the project period. The salary cost for the core staff will be charged from the 2% DPC, while 3% DPC will be charged for UNDP-CO.
- The partial salary of the PMR Team Lead will be charged from the 1% monitoring cost.
- The 4-project staff (PM, 3 DCs) will be engaged from the SID-CHT, sharing partial salary from the Healthcare Management project.
- All DSA and field-related costs will be charged from the specific project activity/s. Besides, operation costs like office rent, utility charges and fuel use for field trips were discussed and indicated ways to charge the cost from different *AWP lines.*
- However, despite our repeated pressure, Fatema apa and Ramiz bhai indicated that no operation cost will be charged up to June 2023. After June 2023, the CO will advise on operation cost issues (office rent, utilities, communications, etc.).
- 1 IC-M&E Officer will be hired to maintain the project's database, M&E training, assessment, and evaluation.

At the beginning of the meeting while Ramiz Bhai proposed who would be the PM, the ARR, Prasenjit da indicated the NPM-SID-CHT to run the project as head of SID-CHT and needful officials will be included as 4 project staff and others as per the condition of agreed documents. Then, the above (action plan) was discussed subsequently. The meeting ended with a determination to implement the project at the donor's satisfaction.

All expressed their satisfaction with the outcome of the meeting.

Prepared by:

Shareful Hassan
Team Leader- Planning, Monitoring, and Reporting
Strengthening Inclusive Development in Chittagong Hill Tracts (SID-CHT)

Commitment Control Budget Details

Business Unit	Ledger Group	Fund	DeptID	Project	Donor
UNDP1	REV_DP	32045		00133357	00141

Display Chart ⓘ

Ledger Amounts

Revenue Estimate:	0.00 USD		Attributes
Recognized Revenue:	2,781,137.76 USD		Parent / Children
Collected Revenue:	2,781,137.76 USD		Associated Budgets
Uncollected Revenue (Rec-Coll):	0.00 USD		

Max Rows: 100

Available Budget

Without Tolerance:	-2,781,137.76	USD	Percent:	(0%)
With Tolerance:	-2,781,137.76	USD	Percent:	(0%)

Budget Exceptions

Exception Errors:	0	Exception Warnings:	0	Budget Exceptions

Return to Search   Notify

Look Up Activity

Help

Activity: begins with ⌄ [   ]
WBS ID: begins with ⌄ [   ]

Look Up   Clear   Cancel   Basic Lookup

Search Results

View 100   First ◁ 1-4 of 4 ▷ Last

Row Number	WBS ID	Activity	Description
1	1	CAPACITY BUILDI	HCWM Capacity Building
2	2	ENABLING ENVIRO	Enabling environment for HCWM
3	3	EQUIP PROCURE	HCWM Equipment Procurement
4	4	MNG POLICY COOR	Mng &Policy Coordination

Donor Reporting Calendar

Project Title	The Health Care Waste Mgt -BGD
Duration	28 September 2022 to 27 September 2024
Project ID (Atlas)	00133357

Donor's Name	Type of Report[1]	Reporting Frequency[2]	Reporting Deadline
Japan Government	Narrative + Financial	Annual	15 December 2023

DocuSigned by:

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[1] Narrative/Financial
[2] Quarterly/Half-yearly/Annual

DocuSign

Certificate Of Completion

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Source Envelope:
Document Pages: 55　　　　　　　　　　Signatures: 47　　　　　　　　　　Envelope Originator:
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Time Zone: (UTC-08:00) Pacific Time (US & Canada)　　　　　　　　　　　rhitwik.chowdhury@undp.org
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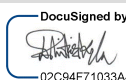
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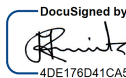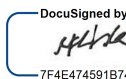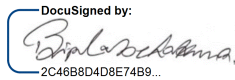| Signer Events	Signature	Timestamp
Rhitwik Chowdhury rhitwik.chowdhury@undp.org United Nations Development Program - Global Security Level: Email, Account Authentication (None)	DocuSigned by: 02C94F71033A4E6... Signature Adoption: Uploaded Signature Image Using IP Address: 203.202.246.146	Sent: 12/19/2022 1:06:00 AM Viewed: 12/19/2022 1:06:22 AM Signed: 12/19/2022 1:06:35 AM
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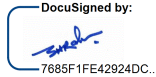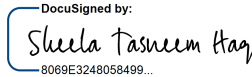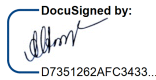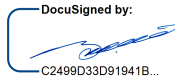| Signer Events	Signature	Timestamp
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Hamidur Rahman hamidur.rahman@undp.org Admin and Finance Officer UNDP Bangladesh Security Level: Email, Account Authentication (None)	DocuSigned by: *[signature]* 7685F1FE42924DC... Signature Adoption: Uploaded Signature Image Using IP Address: 203.202.246.146	Sent: 12/19/2022 2:45:35 AM Viewed: 12/19/2022 2:46:20 AM Signed: 12/19/2022 2:48:20 AM
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Anowarul Haq anowarul.haq@undp.org Assistant Resident Representative Security Level: Email, Account Authentication (None)	DocuSigned by: *[signature]* D7351262AFC3433... Signature Adoption: Uploaded Signature Image Using IP Address: 37.111.225.104 Signed using mobile	Sent: 12/19/2022 2:57:54 AM Viewed: 12/19/2022 3:07:08 AM Signed: 12/19/2022 3:07:36 AM
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Md Maharaj Hossain maharaj.hossain@undp.org Programme Associate UNDP Bangladesh Security Level: Email, Account Authentication (None)	DocuSigned by: *[signature]* EE4EA53CFB674A1... Signature Adoption: Uploaded Signature Image Using IP Address: 203.202.246.146	Sent: 12/19/2022 3:07:45 AM Viewed: 12/19/2022 5:47:52 AM Signed: 12/19/2022 5:48:38 AM
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Signer Events	Signature	Timestamp
Van Nguyen nguyen.thi.ngoc.van@undp.org Deputy Resident Representative, UNDP Bangladesh UNDP Headquarters Security Level: Email, Account Authentication (None)	DocuSigned by: *Van Nguyen* 6D879D9AF3DC425... Signature Adoption: Uploaded Signature Image Using IP Address: 119.148.31.206	Sent: 12/19/2022 10:39:13 PM Viewed: 12/19/2022 10:43:03 PM Signed: 12/19/2022 10:43:28 PM

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In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
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Envelope Updated	Security Checked	12/19/2022 1:24:54 AM
Certified Delivered	Security Checked	12/19/2022 10:43:03 PM
Signing Complete	Security Checked	12/19/2022 10:43:28 PM
Completed	Security Checked	12/19/2022 10:43:28 PM

Payment Events	Status	Timestamps