



Reducing UPOPs and Mercury Releases from
The Health Sector in Africa



Project Exit Strategy

- Republic of Tanzania-

Table of Contents

1	Goals and principles of this document.....	1
2	Project Description.....	2
3	Implementation of Exit Road Map for Tanzania	4
4	Time planning	7

Abbreviations

BAT	Best Available Technologies
BEP	Best Environmental Practices
GEF	Global Environment Facility
HCW	Healthcare Waste
HCWH	Health Care Without Harm
HCWM	Healthcare Waste Management
MoH	Ministry of Health
MTR	Mid-Term Review
NGO	Non-Governmental Organisation
ProDoc	Project Document
SOP	Standard Operating Procedure
TE	Terminal Evaluation
UNDP	United Nations Development Programme
UPOPs	Unintended Persistent Organic Pollutions
WHO	World Health Organisation

1 Goals and principles of this document

The **goals** of this Project Exit Strategy are to ensure the sustainability of impacts after finalisation of the UNDP GEF Project “Reducing UPOPs and Mercury Releases from the Health Sector in Africa” in the Republic of Tanzania and to leave a self-sufficient system behind, which is locally owned.

It could also be defined in a broader sense as a project’s ‘sustainability strategy’, which could be accomplished through staggered graduation from specific project areas and / or transitioning / upscaling to associated or new projects or programming in selected areas.

This Exit Strategy has been planned with relevant stakeholders in advance of closing of the project, as it has been proven to contribute to better project outcomes and encourage commitment of beneficiaries to commit to project sustainability. In addition, good Exit Strategies can:

- help resolve tension that may arise between the withdrawal of assistance and commitment to achieve project outcomes.
- help clarify and define a sponsor’s role to host communities and other partners as being time limited, reducing the potential for misunderstandings and future dependency.

Note: An exit strategy should not be confounded with the “finalisation of project activities” at the end of the project. The exit strategy is aiming on the smooth and sustainable handing over and carry on of activities initiated by the project AFTER the project ends. The taking over process (activities, responsibilities etc.) from the project team towards the relevant stakeholder needs to be planned and implemented in forehand parallel to the implementation of project activities. This is done by an exit strategy.

In general, the following principles have been considered¹:

- plan for exit from the outset,
- think about sustainability early on,
- consult with partners and stakeholders regularly,
- communicate constantly.

In addition, three factors are critical to sustainability and have been kept in mind planning for project phasing out:

- ⇒ a sustained **source of resources**,
- ⇒ sustained **technical and managerial capacity**, so that service providers can operate independently of the project, and
- ⇒ sustained **motivation** (of beneficiaries and service providers) that does not rely on project inputs.

¹ Intrac for civil society; Exit strategies and sustainability - Lessons for practitioners, 2016

2 Project Description

The overall objective of this full-size project: “Reducing UPOPs and Mercury Re-leases from the Health Sector in Africa”, implemented by UNDP Istanbul Regional Hub in partnership with WHO and the NGO Health Care Without Harm (HCWH), is to:

1. implement best environmental practices and introduce non-incineration healthcare waste treatment technologies and
2. mercury-free medical devices in four Sub-Saharan African countries to reduce harmful releases from the health sector.

The project was officially launched on 12 April 2016 and was scheduled for completion on 12 April 2020. Due to the COVID-19 outbreak the project activities were interrupted and adopted to COVID-19 response. Therefore, the project was extended to December 2020. This is a GEF funded project that has a budget of just above 6,5 million USD. The project is being implemented by the UNDP, in partnership with the WHO and the NGO Health Care Without Harm (HCWH). The objective is to implement Best Environmental Practices (BEP) and Best Available Technologies (BAT) to reduce harmful releases from the health sector. This has been achieved through the introduction of non-incineration healthcare waste treatment technologies and mercury-free medical devices at healthcare facilities in four Sub-Saharan African countries: **Ghana, Madagascar, Tanzania and Zambia.**

The project intends to achieve these objectives through 6 main project interventions:

1. Build national capacity to enable the assessment, planning, and implementation of healthcare waste management (HCWM) systems.
2. Develop/improve the national policy and regulatory framework pertaining to HCWM.
3. Provide available affordable systems that conform to BAT and international standards:
 - a. non-incineration HCWM systems and
 - b. phasing out of mercury-containing devices
4. Demonstrate HCWM systems, recycling, mercury waste management and mercury reduction at project facilities.
5. Establish national HCWM training infrastructures.
6. Create awareness on HCWM

The project in **Tanzania** was implemented in 2 phases:

- 1) After 10 days master training on HCWM for relevant stakeholder from all target countries, in the first phase of the project, HCWM systems and mercury-free devices have been provided for 5 selected facilities, which are identified as “model facilities” for the countries. All of these facilities were equipped with autoclaves by the project during the first phase. The legal framework on HCWM has been strengthened.
- 2) Based on the outcome of the first project phase, No additional HCF have been equipped with autoclaving systems. Furthermore, shredders and compactors have been delivered to ensure proper disposal of the decontaminated waste. The exchange of mercury containing thermometer and sphygmomanometer with mercury free devices has been extended.

Each country investigated specific topics, with the aim of gaining experience and sharing the conclusions with the other project countries (flagship projects). In Tanzania the following was implemented:

- Bio-digestors were established at two Hospitals in 2018 and 2020. The digesters are fed with placenta from the maternity ward, rice and vegetables.

Further detailed information about the project activities can be found in the official ProDoc, MTR and TE reports.

3 Exit Road Map for Tanzania

The following Road Map outlines the activities which are planned to implement the Project Exit Strategy for Tanzania.

Legend of below table:

- A. Component: Name of the project component.
- B. Area: Name the areas of the component which need to be followed up.
- C. Activity: What need to be done within the project frame to ensure that the project outcomes are followed up to become sustainable?
- D. Lead: Who is responsible (entity or person) to follow up / implement the mentioned Activity (C)?
- E. Timeline: When will the activity be implemented?
- F. Stakeholder: Who need to be involved?

A Component	B Area	C Activities	D Lead	E Timeline	F Stakeholder
Capacity building	National level	<ul style="list-style-type: none"> • To provide support to institutionalize HCWM trainings 	MoH/UNDP	Sep-Dec 2019	WHO
		<ul style="list-style-type: none"> • Establish equipment maintenance team at national and facility level to ensure smooth maintenance of the HCWM equipment 	UNDP/MoH/Facility	October 2019	MOHCDGEC & Muhimbili National Hospital
		<ul style="list-style-type: none"> • Conduct Advocacy to Hospital management and regional teams on BET/BATS 	UNDP/MoH	November 2019	MOHCDGEC
	Facility based	<ul style="list-style-type: none"> • Strengthen capacity of hospital management teams on HCWM • Strengthen capacity of operators on safety, operations and preventive maintenance • Develop equipment maintenance plans • Establish maintenance team 	Healthcare facility, UNDP and MoH	November 2019	MOHCDGEC & Facility Environment Health Officer
HCWM in pilot hospitals	Facility based	<ul style="list-style-type: none"> • Strengthen Monitoring & data collection and activity 	MoH/Facility	October 2019	MUHAS
		<ul style="list-style-type: none"> • Advocate for allocation of budget to support HCWM activities 	MOH	November 2019	WB

UNDP GEF HCW-Africa: Project Exit Strategy – Tanzania

A Component	B Area	C Activities	D Lead	E Timeline	F Stakeholder
		<ul style="list-style-type: none"> Support pilot hospitals with needle smelters to ensure safe management of sharps 	UNDP/MOH	November 2019	UNDP
		<ul style="list-style-type: none"> Support bio digester maintainance and monitoring 	UNDP/Facility	November 2019	MOHCDGEC &Local Contractors
		<ul style="list-style-type: none"> Provide tools for monitoring of biodigester system in Mwananyamala and Sinza hospital 	UNDP/MOHGDGEC	October 2019	MOHCDGEC &Local Contractors
		<ul style="list-style-type: none"> Establish technical team for the support of biodigester design, construction and operation of HCWM systems Liase with city council to develop a plan and agree on logistic issues to support transporatation and final disposal of autoclaved HCW at damp site. 	UNDP/MOHGDGEC	September 2019	MOHCDGEC &Local Contractors
Mercury management		<ul style="list-style-type: none"> Support construction of Mercury storage and ensure regular collection of mercury devices 	UNDP/MOHGDGEC	October 2019	UNDP
Policy development		<ul style="list-style-type: none"> Dissemination of developed HCWM policies and guidelines 	UNDP/MOHGDGEC	November 2019	UNDP/MOHCDGEC
HCWM information management System		<ul style="list-style-type: none"> Support development of HCWM database to ensure collection and reporting of pertinent HCWM information 	UNDP/MOHGDGEC	October 2019	MOHCDGEC
Develop proposal and development of lesson learnt		<ul style="list-style-type: none"> Meeting potential donors (DFID, JICA, KOICA) to solicit funds to expand HCWM activities 	UNDP/MOHGDGEC	October 2019	MOHCDGEC &UNDP
		<ul style="list-style-type: none"> Develop and submit proposal for financing HCWM activities 	UNDP/MOH	November 2019	MOHCDGEC &UNDP
Communication	Formal handing over	<ul style="list-style-type: none"> Meetings with national parties, partners: advocacy on the proposal, sharing the best practices/ lessons learnt of the UOPs project to local stakeholders 	MOHCDGEC &UNDP	On going	MOHCDGEC,WHO, WB &UNDP
COVID-19 activities (examples – to be adopted)	Logistic supply	Providing of labelled waste storage container, safety boxes, color coded waste liners, waste bins and PPE	MOHCDGEC &UNDP	On going	MOHCDGEC,WHO , WB &UNDP

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A Component	B Area	C Activities	D Lead	E Timeline	F Stakeholder
	<p>Training</p> <p>BEP and BAT</p> <p>Cleaning and disinfection practices</p>	<p>Training of frontline workers on hand washing techniques and correct use of PPE Specific HCWM training of clinical staff and cleaners Specific training of facility managers or operators managing quarantined patients (confirmed and suspected)</p> <p>Additional support on enforcement of safe segregation, collection, transport and storage within the health facilities. Additional support on correct usage and maintenance of autoclaves and safe disposal. Additional support to satellite facilities to manage waste safely.</p> <p>Additional support on safe laundry procedures. Provide guidance on cleaning and disinfection of surfaces in all environments in which COVID-19 patients receive care (treatment units, community care centres). Provide extra guidance on cleaning of waste storage area by cleaners. Ensure that WHO’s recommended disinfectants for COVID-19 virus are used. Provide guidance in accordance with WHO recommendations to clean reusable gloves and plastic aprons.</p>			

4 Time planning

The Gantt Chart below shows in detail the timeline to implement the priority activities in the exit strategy road map.

	Component	2019	2020											
		Sep - Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1	Capacity building	X												
2	HCWM in pilot hospitals	X												
3	Mercury management	X												
4	Policy development	X												
5	HCWM information management System	X												
6	Develop proposal and development of lesson learnt	X												
7	COVID-19 response													