



Reducing UPOPs and Mercury Releases from  
The Health Sector in Africa



# **Project Exit Strategy**

## **- Republic of Zambia-**

## **Table of Contents**

1	Goals and principles of this document.....	1
2	Project Description .....	2
3	Implementation Road Map for Zambia.....	4

## **Abbreviations**

BAT	Best Available Technologies
BEP	Best Environmental Practices
DHESD	Department of Health promotion, Environment & Social Determinants
E & I	Health Equipment & infrastructure Unit
GEF	Global Environment Facility
HCF	Healthcare 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
NTH	Ndola Teaching Hospital
ProDoc	Project Document
PU	Procurement Unit
SOP	Standard Operating Procedure
TE	Terminal Evaluation
UNDP	United Nations Development Programme
UPOPs	Unintended Persistent Organic Pollutions
UTH	University Teaching Hospital
WHO	World Health Organisation
ZEMA	Zambia Environmental Management Agency

## 1 Goals and principles of this document

The **goals** of the Project Exit Strategy are to ensure sustainability of impacts after finalisation of the UNDP/GEF Project on “Reducing UPOPs and Mercury Releases from the Health Sector in Africa” in the Republic of Zambia and to leave a self-sufficient system in place, that will be locally owned.

In other words this is 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 beyond the selected pilot areas.

Therefore, the Exit Strategy has been planned with relevant stakeholders in advance of closing 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, a 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:** This exit strategy shall not be confounded with the “finalisation of project activities” i.e. at the end of the project. But aimed 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 will need to be planned and implemented in forehand parallel to the implementation of project activities.

In general, the following principles have been considered<sup>1</sup>:

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

In addition, three factors critical to sustainability and project phasing out period are worth noting as follows:

- ⇒ 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.

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<sup>1</sup> Intrac for civil society; Exit strategies and sustainability - Lessons for practitioners, 2016

## 2 Project Description

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

1. Implement Best Environmental Practices and introduce non-incineration healthcare waste treatment technologies and
2. Phaseout/down 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. The project is being implemented by the Ministry of Health with Technical and financial support from UNDP, in partnership with the WHO and the NGO Health Care Without Harm (HCWH) and other local stakeholders – ZEMA, Local Government, Private Sector etc. The objective as earlier stated was to implement Best Environmental Practices (BEP) and Best Available Technologies (BAT) to reduce harmful releases from the health sector, which in turn helped to improve healthcare waste management and contribute to carbon emission reduction by not incinerating healthcare waste and ameliorating climate change mitigation and adaptation. 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 intended 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 **Zambia** was implemented in 2 phases:

- 1) First Phase; which commenced with a 12 days Training of trainers ( Master trainers) in Nakuru – Kenya on HCWM including other key stakeholders from all four countries participating in the first phase of the project, HCWM systems and mercury-free devices have been provided for eight (8) selected healthcare facilities spread through three provinces, namely Lusaka, Central and Copperbelt, which are now identified as “model healthcare facilities”. Three of these facilities, namely University Teaching Hospital, Kabwe Central Hospital and Ndola Teaching Hospital were equipped with autoclaves (JSD 1,300I and 2 x JSD 260I respectively) by the project during the first phase. The legal framework on HCWM has also been strengthened through the review of the public health act to include Healthcare waste management and the Technical guidelines on sound management of healthcare waste under ZEMA.
- 2) Based on the outcome of the first project phase, one additional Healthcare facility – **Chilenje level 1 hospital** has being equipped with the autoclaving systems. Furthermore, shredders have been procured and being delivered to ensure proper

disposal of the decontaminated healthcare waste to render them unusable by waste picks at the landfills.

- 3) During the same first phase the project provided non mercury containing devices (953 thermometers and 424 sphygmomanometers) to pilot the exchange of mercury containing thermometers and sphygmomanometers with mercury free devices. About 374 BP machines and 250 thermometers have being collected and stored at a temporary central storage facility (Modified Metal container) at MoH HQ grounds. A further 250 BP measuring machines with accessories and 140 digital thermometers have being procured locally.

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

- Demonstrate the recycling of non-infectious healthcare waste and planned to establish a local production of sharp safety boxes from recycled materials. It was demonstrated at UTH that proper segregation and recycling of non - infectious healthcare reduced the cost of managing healthcare waste by 50%. However, the later exercise was cancelled due to exorbitant costs of locally manufacturing of plastic sharp safety containers. Otherwise, the country has the potential to manufacture safety boxes.

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

### 3 Implementation Road Map for Zambia

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

**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	B	C	D	E	F
Component	Area	Activities	Lead	Timeline	Stakeholder
Capacity Building	National	3-day refresher course on HCWM TOT by UNZA for MoH TOTs, so that the course can be delivered as an in-service training course by MoH	Department of Health Promotion Environment and Social Determinants, MoH	Q4 2020	TOT to be undertaken and at least one in-service training undertaken prior to the end of the project to ensure that it runs well and that any issues can be ironed out. Budget required. ZEMA, MLG, LCC & UNZA
		The 3 main training institutions have already included BAT/BET in their national curriculums but are yet to include issues on Mercury.	Department of Health Promotion Environment and Social Determinants, MoH	On-going	Training materials developed by the project on Mercury to be shared with all institutions to inform the revision of curriculums in their own timelines. Evelyn Hone College, Chainama HSC & UNZA
	Facility Level	At facility level; promotion of the use of national IPC-WASH guidelines and standards	Department of Health Promotion Environment and Social Determinants, MoH	On-going	Following DHESP dissemination and implementation plan for the IPC-WASH guidelines and standards.

UNDP GEF HCW-Africa: Project Exit Strategy – Zambia

A	B	C	D	E	F
Component	Area	Activities	Lead	Timeline	Stakeholder
HCWM in HCFs	Training on maintenance and repair	Ensuring operation of equipment (autoclaves) maintenance and infrastructure personnel in the training for sustainability	Department of Infrastructure and Equipment, MoH	Q1 2020	PIU & DHESP to ensure that all the relevant stakeholders (at all levels incl. MoH, Provincial, district and Healthcare facility) are involved in the training.
	Treatment equipment	Budget provision for spare parts and consumables	Hospital management	Q4 2019	Meeting between PIU, DHESD and HCF mgmt. on budgetary allocations for 2020.
	Logistics and equipment	Budget provision for consumables and other equipment	Hospital management	Q4 2019	Budgetary allocations for 2020.
	Operation and maintenance/repair	Clear SOPs with roles and responsibilities outlined.  Scheduled planned preventive maintenance (PPM)	Hospital management	Q4 2019	Meeting between PIU, Hospital Eng. Dept & EHD.
	Operator Training	New operators are trained, and refresher training provided to operators annually using clear training operation manual and operation video	Engineering and Environmental Health departments	Q4 2020	PIU & DHESD to ensure that new operators are trained at each Healthcare facility with installed autoclaving systems) i.e. Chilenje, UTH, NTH & KGH
	Financing/ budgeting	Budget provision for HCWM in HCF annual budget	Hospital management	Q4 2019	Meeting between PIU, DHPESD and HCF mgmt. on budgetary allocations for 2020.
	Human Resources	Ensuring sufficient number of staff for HCWM  Continuous training to mitigate staff movements	Hospital management Department of Human Resources and Administration	Q4 2019	Meeting between PIU, DHPESD and HCF mgmt. on budgetary allocations for 2020.
	Monitoring / data management	Meeting between PIU, DHESD and DM&E to sensitise them on the data tools so that they will take up responsibility	Department of M&E, MoH	Q3 2019	Meeting between PIU, DHPESD and DM&E to sensitise them on the data tools.

UNDP GEF HCW-Africa: Project Exit Strategy – Zambia

A	B	C	D	E	F
Component	Area	Activities	Lead	Timeline	Stakeholder
Mercury Management	Phase out/down	Collection and replacement of mercury containing devices with mercury free ones.	Department of Health Promotion Environment and Social Determinants, MoH	On-going	Meeting between PIU, DHPESD, PU and E & I to sensitise them on mercury.
	Temporary storage	Interim storage	Department of Health Promotion Environment and Social Determinants, MoH	On-going	Meeting among PIU, DHPESD, PU and E & I to sensitise them on mercury interim storage facilities at MoH HQ.
	Final Disposal of Mercury	Financing & logistics	Zambia Environmental Mgt Agency (ZEMA)	on- going	Meeting among PIU, MOH (DHPESD), E & I and ZEMA to planned how well to dispose of mercury from the interim storage site.
	National Communication	Issue Memo on Minamata Convention to facilities	Department of Health Promotion Environment and Social Determinants, MoH	Q4 2020	Working in conjunction with Procurement Unit and HPCZ
	Monitoring/supervision	Ongoing monitoring of mercury phase out at HCFs	Department of Health Promotion Environment and Social Determinants, MoH	Q1 2020	PIU, DHESP, Equipment & Infrastructure Unit working in conjunction with ZEMA, keep monitoring the interim storage facility (MoH HQ grounds).
	Policy Development	Legislation	Follow the enactment of the revised Public Health Act	Zambia National Public Health Institute, ZEMA, HPCZ & DHPESD	Until enacted



UNDP GEF HCW-Africa: Project Exit Strategy – Zambia

A	B	C	D	E	F
Component	Area	Activities	Lead	Timeline	Stakeholder
Communication of best practices	Communication	Development of case studies, fact sheets and lessons learnt, 7 minutes video	PIU & Health Promotion Unit	Q1 2020	PIU & MoH Health promotion spearheads, the production of IEC
		Dissemination of case studies, fact sheets and lessons learnt within MoH and to health donors in Zambia, other partners	Department of Health Promotion Environment and Social Determinants, MoH	Q2 2020	PIU & MoH Health promotion spearheads, the production of IEC
Sustainable procurement	Continued mercury Phaseout/down	Procurement of mercury free devices	DHPESD & Procurement unit	Q3 2020 & beyond project life	DHPESD working in conjunction with SHIPP project.
<b>Gender equality and human rights</b>	Supplied Healthcare equipment	Ensure the monitoring of gender friendliness of supplied equipment & HC activities.	MoH – gender Unit & Health Promotion Unit	Q3 2020 & beyond project life	DHPESD working in conjunction with gender & policy monitoring unit.
<b>Communication</b>	Formal handing over	Meetings with national parties, partners: advocacy on the proposal, sharing the best practices/ lessons learnt of the UPOPs project to local stakeholders	MoH & PIU	Q4 2020	ZEMA, MLG, LCC & UNZA, ZNPHI, relevant stakeholders (at all levels incl. MoH, Provincial, district and Healthcare facility)