

**MINUTES OF THE OF THE PROJECT APPRAISAL MEETING ON REDUCING UPOPS AND MERCURY
RELEASES FROM THE HEALTH SECTOR IN ZAMBIA 14TH APRIL 2014 IN THE UN CONFERENCE ROOM**

1. Welcome Remarks

The project appraisal committee (PAC) on Reducing UPOPS and Mercury Releases from the Health Sector in Zambia was chaired by Mr Mike Soko. Mr Soko welcomed participants to the meeting; the list is in annex 1. He outlined the objective of the PAC meeting which is to avail the stakeholder's final review of the project document. He further explained that the PAC was adhoc with a specific mandate to endorse the project, examine feasibility, practicality and agree on realistic targets. In reviewing the document Mr Soko reminded the meeting to focus on the following:

- **Relevance:** to discuss whether or not there is consensus on the problem to be addressed and the expected results intended to be produced and whether the priorities are as set out in the Government development agenda. The project should link in to the National Health Care Waste Management Plan being validated by stakeholders currently. Ministry of Health will present this project to the stakeholders to appreciate the synergy.
- **Feasibility:** whether the proposed project strategy presents a credible approach towards achievement of intended results
- **Commitment:** whether the selected key implementing partners will be committed to the implementation of the project work plan and the selected implementing partner is the best choice for the work to be done.
- **Accountability:** Is the proposed management and implementation arrangements clearly articulate the accountabilities, roles and responsibilities.
- **Cost effectiveness:** whether the project has been designed to be cost effective to yield good value for money and optimise the opportunities.
- **Environmental and social safeguards:** whether the project has potential for generating environmental and social impacts and plans to mitigate these impacts. The health sector need support to make Public Health Adaptation Plans to effects of climate change.
- **Risk management:** Whether the project has identified , assessed and prioritised and possible actions to deal with the risks and have been incorporated in the project work plan
- **Monitoring and evaluation:** is the monitoring and evaluation framework adequately articulated.

After the articulation of the above issues, Mr Soko requested the members to introduce themselves and there after requested the Ministry of Health to make a brief presentation of the project. Mr Danny Mwango, the consultant made the presentation on behalf of the Ministry.

2. Brief Presentation on the project document

In making the presentation on the project document Mr Mwango, highlighted the following: background to the development of the project document on Reducing Upops and Mercury Releases from the Health Sector in Zambia, project objective and focus, project components, management arrangements and financing arrangements.

For the background Mr. Mwango mentioned that the medical waste project in Zambia was part of the regional project covering three other countries namely; Madagascar, Ghana and Tanzania. The project is funded by GEF. The focus of the project is to implement best environmental practices and non-incineration and mercury-free technologies to help African countries meet their Stockholm Convention obligations and also to reduce

Mercury use in healthcare facilities in support of the Minamata Convention (Minamata convention, Stockholm convention and Libreville Declaration shared with the Technical Working Group).

He then summarised the project activities namely: Improve/update legislative and policy framework, improve Health Care Waste Management (HCWM) practices (segregation, collection, transport, storage and treatment), introduce non-incineration/non-burn technologies for HCWM treatment, phase down/out the use of Mercury containing medical devices and products and improve training opportunities and build capacity at Health Care Facilities (HCF).

The setting: In terms of the settings he mentioned that the following facilities were chosen in consultation with the Ministry of Health. The proposed HCF identified/chosen for pilot are:

- a. **Health centre:** Mukonchi Rural Health Centre,
- b. **First Level Hospitals (District Hospital)** – Kapiri Mposhi District Hospital and Kamuchanga District Hospital (Mufulira)
- c. **Second Level Hospital** – Kabwe General Hospital,
- d. **Central Hospital** – Ndola Central Hospital and;
- e. **Third Level Hospital** - University Teaching Hospital.

The meeting observed that there was need to start engaging the respective districts and facilities to ensure they understand the rationale and importance of the project. It was then resolved that a meeting with heads of these facilities be organized so as to brief them on the project and their role in implementation. The committee decided that it was in order to have a representation of the health facility from each level of the health care system so that we can draw lessons from each level during the pilot.

The meeting was informed that regarding the implementing arrangements the Ministry of Health will be the implementing partner in close collaboration with Zambia Environment Management Agency (ZEMA) and the Ministry of Land, Natural resources and Environmental protection.

3. Summary of the discussions

The meeting noted that the project is relevant to the Government's development priorities as well as international obligations. The following issues were raised:

- *Outcomes and output:* It was recommended that the outputs and outcomes be rearranged to make it easier for stakeholders to follow through the sequence of activities. It was also agreed that there was need for an activity on capacity development of ZEMA to set standards and ensuring adherence.
- *Policies:* It was noted that there was no mention or inclusion of non-incineration methods of Health Care Waste Management in our guidelines or policies and as such there was need to take advantage of the policies that are being reviewed e. g the draft Environmental Health Policy and the Public Health Act.
- *Advocacy:* It was noted and agreed that advocacy should be carried out at policy level immediately and at community level so as to ensure buy in of the project and its implementation. In this regard, presentations will need to be tailored for different stakeholders namely Ministry of Health Senior Management, Provincial and District and Health facility stakeholders. All the stakeholders were requested to support this initiative as the Country committed itself to the conventions.
- *Content:* It was agreed that more information on the non -incineration technologies available should be with cost implications of implementation included on the project document to provide guidance on the technologies that will be ideal for Zambia. There is also the need to include a chapter on

cultural perspective regarding waste management and including Public Private Partnership's strategies.

4. Recommendation and way forward

As presented in the summary of discussions above the meeting endorsed the project for approval as it was relevant to Government priorities and its contribution to health care waste management. Given the issues raised above the meeting agreed to establish a working group comprising key stakeholders to incorporate the comments in to the document. After which the revised document with suggested inclusions together with the PAC records/minutes should be submitted to GEF for approval.

Signed by.....

Mulonda Mate
Deputy Director Environmental and
Occupational Health
Ministry of Health

Date 22/4/14



Signed by.....

Michael Soko
Governance Advisor
UNDP

Date 23 April 2014

Annex 1

PROJECT APPRAISAL MEETING ON REDUCING UPOPS AND MERCURY RELEASES FROM THE HEALTH
SECTOR IN ZAMBIA 14TH APRIL 2014 IN THE UN CONFERENCE ROOM

List of participants

| No | Name | Organization | Contact |
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