



3rd Quarterly Report – July – September 2017



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Resilient nations.

Implementing Agency/Agencies): Ministry of Health

Project Title: Reducing unintended Persistent Organic Pollutants (uPOP) & Mercury releases from the Health Sector in Africa.

Project No(s):

Project Start Date:

Original: August 2015

Actual: Nov 2016

Project End Date:

Original: Dec 2019

New: April 2020

Fiscal Year: 2017

Reporting Period: July to September

Project Budget (US\$) for the Reporting Period (Use annual budgets in quarterly reports):

	Original Budget (US\$)	Latest Signed Revision (US\$)
Core/Trac Resources (UNDP):	115,500	140,000
LCDF GEF	148,148	148,148
Total Budget (US\$):	263,648	288,148

Submission Date: 10th October 2017

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1. Executive Summary

The overall objective of this full size GEF funded project, implemented by UNDP in partnership with WHO and the NGO Health Care Without Harm, is to implement best environmental practices and introduce non-incineration healthcare waste treatment technologies and mercury-free medical devices in four Sub-Saharan African countries (Ghana, Madagascar, Tanzania and Zambia) to reduce harmful releases from the health sector. The project will promote best practices and techniques for healthcare waste management with the aim of minimizing or eliminating releases of unintended Persistent Organic Pollutants (uPOPs) to help countries meet their obligations under the Stockholm Convention on POPs. The project will support countries in phasing-down the use of mercury containing medical devices and products, while improving practices for mercury containing wastes with the objective to reduce releases of mercury in support of countries' future obligations under the Minamata Convention. Finally, because the project will improve healthcare waste management systems (e.g. through improved classification, segregation, storage, transport and disposal) the project will also contribute to the reduction of the spread of infections both at healthcare facility level as well as in places where healthcare waste is being handled.

During this reporting period, the project focused on the procurement of non-incineration HCWM equipment and mercury free devices that conform to BAT and international standards. This will contribute to the phasing down/removing mercury releases from the health sector to the environment, through a strategic and systematic removal of mercury containing devices (MCD) (i.e. thermometers & sphygmomanometers) and replaced with alternative mercury free devices on a 1:1 basis. Procurement notice list of HCWM equipment was received on 10th July 2017, for mercury free devices. UNDP Istanbul Regional Hub issued a purchase order to **Intertrade International Services SA**(Switzerland)

The project continues to be implemented in eight health care facilities (HCF) representing different levels of health care facilities, namely; University Teaching Hospital (UTH), Ndola Teaching Hospital (NTH), Kabwe General Hospital (KGH), Kapiri District Hospital (KDH), Mukonchi Health Centre, Matero & Chilenje 1st Level Hospitals and Mufulira's Kamuchanga District Hospital. This will continue to demonstrate high standards of Health Care Waste Management (HCWM) at all levels of health care provision.

During the reporting period, the project undertook training of trainers (TOTs). In which all eight pilot sites participating on the project took part. About 56 participants were trained in HCW classification, segregation, storage, transport and disposal. Other topics included chemical waste management, Hospital Administration and management of HCW, mercury and alternatives. Operations and maintenance of autoclaves.

During the same reporting period, the project consolidated the preparations of required autoclave housing. Ndola Teaching Hospital has since done the drawings and BoQs. Kabwe General Hospital has also done the BoQ for the autoclave housing.

Under the same reporting period; the project convened one more working group meeting follow up on the review of policy and legal framework on health care waste management. The review meeting looked at the Public Health Act. At which meeting proposed wording and text for inclusion in the Public Health Act was grafted.

2. Project background

Per the Ministry of Health, the project implementing Agency. There were 1,674 health care facilities in Zambia, whose health care provision activities vary in nature. Thus, generating different quantities and types of health care waste. By and large this health care waste is treated by means of incineration. Zambia is among four sub-Saharan African countries implementing the Global Environment Facility (GEF) funded project on Reducing of UPOP & Mercury Releases in the Health Sector in Africa. Others been Tanzania, Ghana and Madagascar. The project will promote best practices and techniques for health-care waste management by introducing non-incineration technologies in treating HCW. As this waste stream is by far the largest hazardous and contains the highest amount of PVC, this will ultimately reduce the generation of uPOPs from the healthcare sector by >90%. These activities will be implemented in four (4) components over a period of five-years.

Finally, it's expected that improved HCWM practices once attained will reduce UPOPs, mercury releases and the spread of infections both at healthcare facility level as well as in places where healthcare waste is being handled. This will in turn protect the environment from air emission and surface/ground water pollution.

During this reporting period under:

Component 1. Disseminate technical guidelines, establish mid-term evaluation criteria and technology allocation formula, and build teams of national experts on BAT/BEP at the regional level.

Outcome 1.2. Country capacity to assess, plan and implement HCWM and phase-out of Mercury in healthcare built.

The Project undertook the training of trainers TOT workshops in July, August and September. A total of 56 participants were trained in aspects of health care waste management. These trainings will be replicated at facility levels where the trainers will conduct training too.

Component 2. Healthcare Waste National plans, implementation strategies, and national policies in each recipient country.

Outcome 2.1: Institutional capacities to strengthen policies and regulatory framework, and to develop a national action plan for HCWM and Mercury phase-out enhanced.

The project convened one meeting focusing on the Public Health Act under the Ministry of Health, where proposed wording and text or amendment matrix for inclusion in the Public Health Act was drafted.

Component 3B: Demonstrate HCWM systems, recycling, mercury waste management and mercury reduction at the model facilities, and establish national training infrastructures.

Outcome 3.b.1: HCWM systems, recycling, mercury waste management and mercury reduction at the model facilities, and national training infrastructures established.

Preparation of the list of Health care waste recyclers was done during the reporting period. Visits and observations of HCW demonstration were undertaken to recycling companies including the project partner, Waste Master Zambia Limited.

During the same reporting period, the project consolidated the preparations of required autoclave housing. Ndola Teaching Hospital has since done the drawings and BoQs. Kabwe General Hospital has also done the BoQ for the autoclave housing.

The following report outlines project implementation activities that took place in the third quarter of the year. i.e. July – September 2017.

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<p>2.0 Institutional capacities to strengthen policies and regulatory framework and to develop a national action plan for HCWM and Mercury Phase –out enhanced.</p> <p>3.0 HCWM Systems demonstrated at the model facilities</p>	<p>1.1.1.4 Gender mainstreaming activity in all project sites.</p> <p>2.1.1.1 Review National legislative framework to incorporate non-incineration technologies and reduction of mercury releases from the health sector.</p>	<p>No gender desegregated data.</p> <p>No information on HCWM & Mercury releases in the main Acts (Public Health Act & EMA) legislation and Technical guidelines on hazardous waste.</p>	<p>Gender inclusion in HCWM in eight project pilot sites.</p> <p>Incorporate HCWM in at least one national policy, Act or strategic plan.</p>	<p>Officers were trained. Gender participation statistical recorded in each activity.</p>		<p>Gender expert to be recruited regionally.</p>
	<p>2.1.2.3 Review Curriculum of health sciences training institutions to include HCWM</p> <p>3.1.1.1 Conduct Inventory of MCDs securing of storage space at</p>	<p>No Health Sciences training institutions' curriculum to incorporate HCWM.</p> <p>Several quantities of MCDs & products in selected HCFs.</p>	<p>Incorporate HCWM in training institutions' curriculum.</p> <p>Number and types of Mercury containing devices and products determined.</p>	<p>Concept note drafted and meeting planned with health institutions – UNZA, EHC, CHSC</p> <p>Procurement notice of mercury free devices received on</p>	<p>Insufficient budgetary allocation & meetings couldn't take off.</p>	<p>Planned to combine activities with Team Reviewing policies & legal framework.</p>

	sites.	Identify sites & Assessed.	10/07/2017	Slow progress from UTH and KGH	Engage ZEMA on clearance and environmental permits. Engage with MoH at HQ and provincial levels on securing funding for construction of autoclave construction costs Planned meetings Q4 with UTH
	3.1.1.2 Autoclave installation preparatory activities.	No identified sites for autoclave preparatory & installation activities.	BoQ and drawings for construction of autoclave housing received from NTH		
	3.2.1.1 list of mapped waste recycling Companies.	One recycling Company available per province.	Concept note prepared on recycling potential Updated list of recycling companies available.	Slow progress from UTH on implementation of recycling concepts.	
4. Reduction in greenhouse gas emissions through recycling.	3.2.1.2 Introduction of WASH FIT & GGHH in the supported health care facilities.	Number of HCFs enlisted to GGHH under HCWM	All 8 HCFs enlisted during TOT 2 workshop. Presentation was made at ToT3 on WASHFIT		

Progress on Implementation of Activities (Quarterly based on agreed quarterly workplan)

Main Activity	Target	Progress against planned activities and targets	Planned Completion Date	Implementation Status (Completed, Ongoing-On Track, Ongoing-Off Track & Cancelled)	Reason (s) for slippage (if progress and implementation is not on track) and remedial measures taken	Budget & Expenditure Monitoring Framework		
						Budget (US\$)	Expenditure (US\$)	Delivery (%)
1. Conduct a comprehensive Baseline Assessment of current HCWM in all project pilot Health Care Facilities	Assess baseline of current HCWM in all HCFs.	70%	30 /06/2017	Completed	MoH have not commented on the IRAT & chemical waste baseline report. Once they have commented reports will be finalised and validated.	2,500	0	0%
2. Review Training Manuals on HCW for different stakeholders (Senior management, Health workers and Supervisors).	Reviewed all 51 training modules.	100%	30/06/2017	On -going		7,000	5,851.27	84%
3. Hold Training of trainers Workshops (ToTs)	Hold 3 provincial workshops to train 60 healthcare workers from eight HCFs on the project.	80%	30/09/2017	On -going	Three TOTs workshops held. Training report to be finalised.	37,500	100,833.73	269%

4. Gender mainstreaming activity in all project sites.	Number of bio segregated gender data in HCWM	60%	31/12/2017	On-going	Gender biodata captured each time an activity is held.	1,531	0	0%
5. Curriculum review of Health sciences training institutions to include HCWM.	Hold three meetings with training institutions & engage consultant.	10%	31/12/2017	On-going – off track	No activities planned to date. Scheduled for Q4. – combined activity with Policy & legal framework.	15,000	0	0%
6. Review of National legislative framework to incorporate non-incineration technologies and reduction of mercury releases from the Health Sector.	Held one review working group meeting targeting the Public Health Act.	30%	31/12/2017	On-going – on track	Planned follow up meetings in Q4	10,000	35,417	354%
7. Steering Committee	Hold biannual meetings	50%	31/12/2017	On-going – on track	Second meeting planned for Q4	10,000	0	0%
8. Conduct inventory of MCD	Number and types of Mercury containing devices and products determined.	45%	31/12/2017	on-going	Need to develop validation and distribution plan. Need MoH to identify interim storage site for MCDs before final disposal.	12,000	0	0%
9. Auto –Clave Installation preparatory activities	3 sites identified & Assessed.	20%	30/12/2017	On-going –off track	Delay in letter going from MOH to ZEMA	71,517	17171	24%

							regarding EIAs. HCFs slow to develop site drawings and BOQs. MoH slow to provide assurances to the 3 HCFs on the provision of funding. PM and TA to follow all issues closely to move forward.	10,000	0	0%	
10. Training in the operation and maintenance of new technologies Hg-free devices.	Train staff in handling mercury free devices	30%	30/09/2017	On-going – on track			Initial training combined with TOT 3. Planned follow up training at facility levels when delivering the devices.	10,500	0	0%	
11. Capacity building of waste recyclers in principles of HCWM	Map all available recycling companies per province	50%	30/09/2017	On-going – on track			Continue identifying more recycling Companies. As and when they are found.	5,000	0	%	
12. Stationary	Purchase office consumables & supplies	60%	31/12/2017	On-going – on track				70,000	68610	98%	
13. PMC								262, 548	227,883	87%	
Total expenditure											

Notes on Country Programme Outputs:

- Country Programme Outputs and specific programme/project outputs need to be stated with their indicators and baselines (as indicated in AWP, in quarterly reports) to allow for linkages of stated activities to planned results. Updating the progress on performance on these outputs will be done in APR, Annual and End of programme/project reports. The End of programme/project reports should report cumulative results.
- **In quarterly reports**, the comparison is between the beginning and the end of the quarter in relation to annual targets. Baseline is at beginning of year.
- **In annual reports**, the comparison is between the beginning and end of the year in relation to the Life of Activity (programme life) targets. Baseline is at beginning of year.
- **In end of programme/project reports**, the comparison is between the beginning and the end of the programme/project. Baseline is at beginning of programme, project and CPAP cycle.

Progress towards achievement of results.

Challenges

1. Under budgeting resulted in exhausting most funds on the TOT trainings.
2. Mobilization of funds by the project to facility preparatory activities for autoclave housing construction.

Lessons learnt

1. Information and experience sharing among project pilot sites enhances knowledge sharing in HCWM. e.g. presentations from Matero, Ndola, UTH during TOT workshops.

The project needs to mobilise funds and resources from alternative sources to enable undertaking all activities in the annual work plan.

Success story

Initiation of training on mercury free devices showed the acceptability and reliability of the devices.

Planned Activities for fourth quarter - 2017

- Distribution of non-Mercury Containing Devices.
- Conceptualising recycling of non-infectious waste.
- Attend facility level Training workshops in HCWM.
- Gender mainstreaming activity in all project sites.
- Review curriculum of health sciences training institutions to include HCWM.

- Cont' of review policy and legal framework e.g. Public Health Act, EMA and Local Government Act; to include HCWM issues.

Signed by IP Project Coordinator.....



Florence Kabinza Mwale



Signed by Assistant Resident Representative (UNDP).....



Winnie Musonda