

Title	Funding Code	Type of engagement	Duty Station:
Environmental Health Consultant		<input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Individual Contractor	Yemen – Sana'a or Aden
Purpose of Activity/Assignment: Assess the hygiene, sanitation, and waste management practices in Primary Health Care facilities. Provide recommendations for improvement and prepare an action plan and implement the action plan in up to 3,000 UNICEF-supported primary health care facilities.			
Scope of Work: Background <u>Yemen's Minimum Service Package</u> The Minimum Service Package (MSP) is a compendium of accessible health services corresponding to the Disease Control Priorities (DCP-3) Highest Priority Package, selecting the most critical, relevant, cost-effective, and affordable interventions suited for Yemen. It is designed to sustain and strengthen health system functionality, while meeting the immediate health needs amidst acute and protracted conflict. The MSP reinforces the critical leadership role of the government at all levels (central, governorate, and district), while engaging key stakeholders such as WHO, UNICEF, and NGO partners. The MSP targets the District Health System, focusing on improving accessibility of health services at the primary and secondary levels and strengthening referral mechanisms for all levels of care. Initially launched in 2016 through a pilot program led by the Ministry of Public Health and Population (MoPHP), the MSP was developed as a strategy for driving the restoration of essential health services in a fragile and conflict-affected context, while also providing a realistic model for the post-conflict reconstruction of Yemen's national health system. The MSP consists of 8 'domains' that are required in order for a health facility or service delivery point to be considered fully functional, as follows: <ol style="list-style-type: none"> 1. general services and trauma care; 2. child care; 3. nutrition; 4. communicable diseases; 5. reproductive, maternal, and newborn health; 6. non-communicable diseases; 7. mental health; and 8. WASH and environmental health. Currently, UNICEF supports PHC facilities implement the MSP through different donors. The plan is to expand to at least 3500 PHC facilities, if not more, by the end of the year. <u>MSP Domain 8: WASH and Environmental Health in Health Facilities</u> The eighth domain of the MSP entails ensuring health facilities have adequate hygiene and sanitation systems in place in order to ensure the safety of both health workers and patients and prevent infections or other hazards in the health care setting. It requires that a health facility have clean water, functioning handwashing station (equipped with clean water and soap) or alcohol-based hand sanitizer, at least one gender-separated clean and functioning toilet for patients and one for staff, availability and knowledge of proper use of personal protective equipment (gloves, masks, aprons, etc.) for staff, and proper medical waste management protocols in place including segregation of sharps and other hazardous waste and capacity for incineration. According to the most recent project monitoring reports of 1,970 primary health care facilities supported by UNICEF through one donor, the World Bank, through the Emergency Health and Nutrition Project (EHNP): <ul style="list-style-type: none"> • 37% of monitored facilities have an incinerator, but only 35% of those incinerators are functional; • Only 3% of health facilities have staff who have been trained specifically in medical waste management practices; despite this, health workers in 82% of monitored facilities use gloves, and 89% of health facilities 			

were found to segregate waste; and 73% of monitored health facilities use safety boxes to segregate sharps waste;

- 91% of health facilities have a toilet, but 17% of those are not functional;
- Only 28% of health facilities have gender-segregated toilets; 64% have toilets that are considered 'safe' (with a door that locks); and 58% of toilets were found to be clean / hygienic; and
- Only 54% of monitored health facilities have hand washing facilities (tap with running water) available, and only 48% had soap available.

The EHNP project design includes an environmental and social management framework (ESMF) which guides, sets the environmental and social criteria and determines the types of environmental social instruments needed to detect and mitigate any environmental and social impacts of the project. It also has developed a practical and effective medical waste management plan (MWMP) that the project partners must ensure is followed in the supported health facilities. That being said, medical waste management and environmental health in health facilities has been one of the areas of support with slowest progress.

For this reason, and due to the additional medical waste that will result from the COVID-19 response in country, UNICEF is looking for a consultant to:

- Review (and update if determined necessary) the 2017 Medical Waste Management Plan (MWMP),
- Conduct a needs assessment,
- Develop and implement an action plan to accelerate this support including capacity building, infrastructure, and supply needs and
- Engage in the monitoring of the action plan.

Objectives of the Assignment

The objectives of the assignment are, aligned to the MWMP, to conduct an assessment of hygiene, sanitation, and medical waste management practices in UNICEF supported primary health care facilities and prepare recommendations for discussion and agreement with the UNICEF Health & Nutrition management team for actions needed to accelerate progress in this area of the MSP. Upon agreement, there will be an action plan prepared, covering needed supplies, infrastructure, and capacity building. Once adopted in agreement with the UNICEF, there implementation of the plan, ongoing monitoring of the plan, and reporting on progress at a minimum on a quarterly basis.

Scope of the Assignment

The scope of the assignment is to carry out an assessment of the medical waste management infrastructure and practices in the UNICEF supported health facilities. The assessment will also cover the enabling environment, management practices and capacity to improve the medical waste management by local staff to identify the gaps in the medical waste management process and procedures practiced in the Health Centres (HCs) and Health Units (HUs). The assessment will focus on (but will not be limited to) the following steps:

- Meet and consult with the UNICEF responsible personnel;
- Review the project's Medical Waste Management Plan (MWMP);
- Review the project's Environmental and Social Management Framework/s (ESMF);
- Review the incinerator consultancy report (when available);
- Review the Third- Party Monitoring (TPM) data and reports;
- Carry out site assessments (assess the existing medical waste management practices in selected HCs and HUs (list of facilities to be assessed will be discussed and agreed with UNICEF prior to beginning the assessment);
- Carry out consultations with health facilities' staff, workers, and waste management personnel;
- Carry out consultations with health care management at governorate and district level;
- Carry out consultations with beneficiaries (health facilities' visitors);
- Review the data received and based on the findings, develop an action plan, including training plan, procurement plan and other activities as applicable;
- Develop training material in medical waste management for health staff and training plan;
- Organize training for health care workers;
- Develop or prepare simple communication materials on medical waste management (understandable by local HF and HU staff);

- Assist the Supply Officer to place relevant orders for materials related to environmental health, based on the plan. Once received, assist with the distribution of the items to the relevant HFs and Hus;
- Monitor and report back to UNICEF on the implementation of the agreed plan;
- Follow up on any TPM findings related to environmental health;
- Provide reports of progress at a minimum on a quarterly basis; and
- Provide a final consultancy report.

Expected Outputs / Deliverables

1. Update of the existing MWMP (if required)
2. Assessment of hygiene, sanitation, and medical waste management in health facilities including recommendations for improvement
3. Review the report of the consultant who is looking at incinerators in PHCs (when available) and provide written feedback
4. Action plan for key actions needed to accelerate improvement in medical waste management and environmental health (hygiene and sanitation) in health facilities
5. Training materials and training plan
6. Procurement plan, orders placed and delivery to the HFs and HUs
7. Monitoring of the actions in the action plan
8. Timely responses to address any TPM findings related to environmental health
9. Quarterly reports (or more as requested by UNICEF)
10. Final consultancy report

UNICEF will provide project monitoring data (facility level data from site Third-Party Monitoring visits 2017-2019; and 2020 when available) that covers the indicators of interest to inform the assessment.

Location and Travel Requirements

The consultant will be expected to work five days a week, eight hours a day, on this project. He/she is expected to have his/her own computer. While home based, once the situation has returned to normal, he/she will be expected to come to the office and work with the H&N team regularly.

Ideally, at the beginning of this assignment, the consultant will travel to a sampling of supported health facilities in a number of governorates and districts. A sample number of visits can be undertaken, using the following criteria:

1. Sample of supported PHCFs representing five UNICEF Hubs (Aden, Ibb, Hodeidah, Sana'a, Sa'ada)
2. At least one governorate from each Hub
3. The selected PHCFs should be from different districts (no more than two HFs/HUs from same district)
4. Random selection of five HFs/HUs from each selected governorate
5. The selected PHCFs should not be receiving support from any other projects, INGOs or NNGOs related to environmental health or medical waste management.

All PHCFs should be in accessible areas. UNICEF will assist the consultant by providing a UNICEF ID and letter saying he/she is a temporary consultant. UNICEF will assist with travel arrangements.

As part of the monitoring, the consultant will be expected to engage in travel to the PHCFs. UNICEF will assist with the travel arrangements.

Duration of Contract: The total duration of the contract will be 10 months.

Timing

The consultancy will ideally begin at the beginning of September and will continue to end June 2021.

Language of the report

The report will be prepared in English. Once approved, an Arabic version shall also be submitted

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Tasks/Milestone:	Deliverables/Outputs:	Timeline
Undertake a review of the ESMF and MWMP. Update of the MWMP based on best practice. Review the incinerator consultancy report, when available	Updated MWMP Recommendations on incinerator report	This will be done at the same time as the second deliverable as information from the assessment will inform this first deliverable
Conduct an initial assessment of hygiene, sanitation, and waste management capacities and practices in UNICEF-supported primary health care facilities. Base the preliminary assessment primarily on project monitoring data that already exists and that UNICEF will provide to the consultant.	Preliminary report with plan for additional data collection (if/as needed and as mobility situation allows)	End of first month
Conduct additional site visits (if possible given the mobility situation in the country)	Draft assessment report covering desk review and site visit findings, including recommendations for way forward with disaggregated recommendations as appropriate per HF type / geography / etc.	By end of second month
Present the report and draft recommendations to UNICEF Health and Nutrition management team and lead a discussion to build consensus and agreement on the required actions.	Final recommendations and agreed way forward	2 days of presentation and meetings, mid-late September (1 working week)
Develop an action plan including need for supplies, infrastructure (incinerators), training / capacity building, and scale (quantity) and costing of needs.	Quantified and Costed Action Plan	5-8 working days (max. 2 working weeks), beginning of October
Implementation of action plan, training plan, procurement plan	Training materials developed; Supplies orders placed	By mid-October to mid- January
Monitoring of the action plan and implementation	Monitoring reports (TPM or consultant monitoring of selected facilities)	To end of June
Quarterly reporting on progress	Quarterly reporting (or more as required)	Monthly
Final report to UNICEF	Final report	End June