SCMS

Providing quality medicines for people living with and affected by HIV and AIDS

Male Circumcision Waste Management Plan

Ensuring the safety of health workers, the community and the environment

The landmark President's Emergency Plan for AIDS Relief (PEPFAR) has channeled billions of dollars for the provision of critical pharmaceuticals and medical supplies to prevent the spread of infection and to treat and care for millions of people affected by HIV/AIDS.

The plan has recognized that medical male circumcision can be an important part of HIV prevention programs. At the same time, it is important that male circumcision be safely provided and that it be integrated into, and not substituted for, a comprehensive HIV/AIDS prevention program. Given the possible misperception that circumcision eliminates HIV transmission risk, MC efforts must reinforce the "ABC" approach — Abstain, Be faithful, and correct and consistent use of Condoms — and must be linked to voluntary HIV counseling and testing, as well as screening for and treatment of sexually transmitted infections (STIs).

Supply chain management and appropriate use of the health commodities for male circumcision are being strengthened through several PEPFAR-supported country programs. However, to date, health care waste management (HCWM) requirements for this initiative have not been comprehensively addressed. HCWM must be recognized and supported as an integral requirement for this program and other health service delivery programs, particularly those resulting in infectious waste. With the implementation of the male circumcision initiative, it is important to develop a proactive solution to the handling and disposal of the health care waste generated, to ensure the safety of the patients, public, provider and environment.

SCMS recommends that HCWM become an integral element to ensure that proper disposal of the essential commodities and infectious waste does not harm health workers, the community or the environment.

Waste Management Plan

Prior to developing an HCWM plan, it is important to assess current health care practices. This assessment will identify any waste management problems and risks at the national and facility site levels and inform the development of an integrated waste management system. A waste management plan should be integrated into the overall lifecycle planning process, from procurement to treatment and disposal, to help ensure the most cost-effective decisions are made at all levels. The HCWM plan should incorporate aspects of infectious and hazardous materials management,. Furthermore, a budget for waste management should be allocated into the plan from its inception.

National Level

- **Stakeholder Involvement**
  Create a national joint waste management committee of key stakeholders.

- **Policy Support**
  Implement a national health care waste management policy that establishes or reinforces legal controls and permits for a national agency responsible for waste disposal. This policy should include the key steps of waste management:
    - Minimization
    - Separation
    - Identification
    - Handling
    - Treatment
    - Waste disposal

- **Sustainability**
  Indentify funds and partnerships necessary for the HCWM plan's sustainability. This support must include supplies, maintenance, training, quality system management and operational funds.

- **Occupational Safety**
  Support personnel with training, supervision and tools for record keeping and documentation.

Facility Site Level

- **Written Policies and Standard Operating Procedures**
  Develop policies that outline the standard practices for handling, storing, treating and disposing of hazardous and non-hazardous waste, as well as personnel training requirements.

- **Clear Assigned Responsibilities**
  Create a chain of responsibility so personnel are accountable and no step in the process is overlooked.

- **Designated storage location**
  Develop a quarantine area that is inaccessible to unauthorized personnel and protected from the weather.

- **Disposal Site**
  Develop a suitable plan for medical waste destruction (incineration or non-incineration), following WHO recommendations and best practices.

- **Periodic Review**
  Establish regular monitoring and evaluation of the plan to ensure practices are properly maintained to minimize risk, damage and disease.

- **Equipment and Supplies**
  Procure required waste disposal commodities to ensure proper waste storage, handling and disposal.

- **Training of Personnel**
  Develop training curricula and materials that address the critical requirements to help ensure personnel at all levels are aware of the hazards and practice good hygiene, proper waste packaging and labeling, and safe waste storage. This initially would entail a one- to two-week training course, followed by an ongoing compliance assessment program.

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Disposal Methods

Incineration has been the preferred method of choice for most hazardous health care waste disposal. Recent developments in alternative treatment methods for health care waste disposal are becoming increasingly popular due to their environmentally friendly approach and cost effectiveness. The choice of treatment method should be made carefully, with consideration of various factors, many of which depend on local conditions:

- Disinfection efficiency
- Health and environmental considerations
- Volume and mass reduction
- Occupational health and safety
- Quantity of waste for treatment and disposal, and the system's capacity
- Types of waste for treatment and disposal
- Infrastructure requirements
- Locally available treatment options and technologies
- Options available for final disposal
- Training requirements for operation of the chosen method
- Operation and maintenance considerations
- Available space
- Location and surroundings of the treatment site and disposal facility
- Investment and operating costs
- Public acceptability
- Regulatory requirements

Certain treatment options may effectively reduce the infectious hazards of health care waste but, at the same time, give rise to other health and environmental hazards. Therefore, choosing a treatment or disposal method for health care waste, particularly if there is a risk of toxic emissions or other hazardous consequences, requires careful evaluation of the relative risks, as well as integration into the overall framework of comprehensive waste management.

Waste Disposal Method	Description
Autoclave	Steam treatment of waste at high temperature and pressure for a sufficient amount of time for sterilization. Usually used for sterilizing reusable medical equipment. Steam must be able to penetrate the waste.
Autoclave with pressure cooker	Steam treatment of waste using a pressure cooker. A pressure cooker is a household kitchen appliance able to generate the appropriate amount of steam and pressure to achieve sterilization.
Autoclave with shredding or grinding	A metal chamber where steam is introduced at an elevated pressure so it reaches a saturation temperature and produces saturated steam. Incorporated into the design of the autoclave is a grinder or shredder, which reduces the size of the waste by shearing the material between knives or blades. The waste is then rendered unrecognizable.
Disinfect with bleach, autoclave for reuse	Soak stainless steel instruments in a mixture of bleach and water. If necessary, use a cleaning brush to remove organic material from the instruments' surface. Once instruments are disinfected and all organic material is removed, instruments are safe for transport to an autoclave for sterilization and subsequent reuse.
Encapsulation	Containers are filled three-quarters full with hazardous waste. Material such as cement mortar, clay, bituminous sand or plastic foam is used to fill the container. When capping material is dry, the container is buried or landfilled.
Microwave irradiation	Waste is shredded, humidified and irradiated with microwaves. Heat destroys microorganisms.
Municipal Landfill	Municipal solid waste landfills (MSWLFs) are able to receive household waste, non-hazardous waste, industrial solid waste, and construction and demolition debris.
Open-air burning	Burning of waste in or next to a pit where they will be buried. May need to add kerosene or similar fuel to maintain combustion. Not recommended as a permanent solution, but better that burying untreated.
Propane-fueled incinerator	A mobile incinerator fueled by a replaceable propane tank.
Double-chamber "pyrolitic" incineration	A permanent furnace of masonry/concrete, refractory materials and metal. Waste thermally decomposes in the first chamber, an oxygen-poor (pryolitic) chamber that operates at 800-900° C. The second chamber, a post-combustion chamber, burns the gases produced in the first chamber at 900-1200° C.
Safe burying	Burial of waste in a pit on the site. Access to the pit should be limited. Pit lined with clay, if available.
Single-chamber incinerator	A permanent simple furnace of solid construction (e.g., concrete). Waste is placed on a fixed grate. Burning is maintained by the natural flow of air. Operating temperature reaches <300° C. May need to add kerosene or similar fuel to maintain combustion.

EGSSAA. 2009. *The Africa Bureau's Environmental Guidelines for Small Scale Activities in Africa (EGSSAA) Chapter 8.* Washington, D.C.: USAID.

Male Circumcision Kit Component Disposal Methods: Health Care Facility

Component	Disinfect with bleach, autoclave for reuse*	Autoclave with shredding – municipal landfill	Autoclave – municipal landfill	Microwave irradiation – municipal landfill	Encapsulation	Safe burying	Pyrolitic – bury ashes or municipal landfill	Single-chamber – bury ashes or municipal landfill	**Open-air burning – bury ashes
Plastic container tray		X	X	X			X	X	X
O-drape		X	X	X			X	X	X
Surgical crepe paper		X	X	X			X	X	X
Surgical paper tape		X	X	X			X	X	X
Plastic apron		X	X	X			X	X	X
Alcohol swab		X	X	X			X	X	X
Gauze swab		X	X	X			X	X	X
Paraffin gauze		X	X	X			X	X	X
Surgical gloves		X	X	X			X	X	X
Examination gloves		X	X	X			X	X	X
Syringe with needle		X			X		X	X	
Injection needle		X			X		X	X	
Suture with needle		X			X		X	X	
Scalpel with handle		X			X				
Needle holder	X		X	X	X				
Suture scissors	X		X	X	X				
Circumcision forceps, haemostatic	X		X	X	X				
Mosquito clamp, straight	X		X	X	X				
Mosquito clamp, curved	X		X	X	X				
Plastic forceps		X	X	X			X	X	X
Tissue waste		X				X	X	X	

*Stainless steel instruments can be centrally collected and reallocated to hospitals and health care facilities in need of this instrumentation.

Most preferred method of disposal

Least preferred method of disposal

Male Circumcision Kit Component Disposal Methods: Rural Setting

Component	Disinfect with bleach, autoclave for reuse	Encapsulation – cardboard box with bag*	Autoclave with pressure cooker– municipal landfill	Safe burying	Propane-fueled incinerator – bury ashes or municipal landfill	**Open-air burning – bury ashes
Plastic container tray			X		X	X
O-drape			X		X	X
Surgical crepe paper			X		X	X
Surgical paper tape			X		X	X
Plastic apron			X		X	X
Alcohol swab			X		X	X
Gauze swab			X		X	X
Paraffin gauze			X		X	X
Surgical gloves			X		X	X
Examination gloves			X		X	X
Syringe with needle		X				
Injection needle		X				
Suture with needle		X				
Scalpel with handle		X				
Needle holder	X		X			
Suture scissors	X		X			
Circumcision forceps, haemostatic	X		X			
Mosquito clamp, straight	X		X			
Mosquito clamp, curved	X		X			
Plastic forceps			X		X	X
Tissue waste				X	X	

*Sharps waste should be placed in a specialized container, then transported for incineration or to an autoclave with shredder system.

Most preferred method of disposal

Least preferred method of disposal

ID	Task Name	Duration	Start	Finish	Deliverable (text 1)	Resource Names
1	**Male Circumcision Waste Management: Workplan Template**	**65 days**	**Mon 8/30/10**	**Fri 11/26/10**		
2	**Impact assessment and implementation plan**	**30 days**	**Mon 8/30/10**	**Fri 10/8/10**		**Advisor 1,Advisor 2,Airfare[2],Per diem[2],Misc.[1],Ground**
3	Review all documentation relevant to the development of a MC waste management plan	5 days	Mon 8/30/10	Fri 9/3/10		
4	Conduct initial information and desensitization meetings with key stakeholders, decision makers and representatives from different programs and levels of health care system.	5 days	Mon 9/6/10	Fri 9/10/10		
5	Conduct a information gathering and analyze existing challenges within the country's MC waste management processes and/or systems in place	5 days	Mon 9/13/10	Fri 9/17/10		
6	Analysis data and begin planning and preparation for a three (3) day design workshop with 15 -20 key stakeholder participants	5 days	Mon 9/20/10	Fri 9/24/10		
7	Facilitate a feed back session with the "In-country Design Team" and key decision makers.	5 days	Mon 9/27/10	Fri 10/1/10		
8	Complete the requested deliverables	5 days	Mon 10/4/10	Fri 10/8/10	Submit a Technical Report within three (3) weeks of completion of assignment	
9	**SOP Deveopment**	**20 days**	**Mon 10/11/10**	**Fri 11/5/10**		**Advisor 1,Airfare[2],Per diem[2],Misc.[1],Ground**
10	Review all documents relevant to the development of a MC waste management plan, including previous reports and results of previously conducted assessments.	5 days	Mon 10/11/10	Fri 10/15/10		
11	Develop SOPs that will ensure that a waste management system is in place.	5 days	Mon 10/18/10	Fri 10/22/10		
12	Work with counterpart to find local contractors to handle the destruction of the waste, if possible explore cost-effective and environmental friendly methods of disposal.	5 days	Mon 10/25/10	Fri 10/29/10		
13	Complete the requested deliverables	5 days	Mon 11/1/10	Fri 11/5/10	1) SOPs for the handling, storage, and disposal of MC waste. 2) Service Level Agreements with disposal contractor	
14	**Implematation of SOP and waste management system**	**15 days**	**Mon 11/8/10**	**Fri 11/26/10**		**Advisor 1,Airfare[1],Per diem[1],Misc.[1],Ground Transportation[1]**
15	Review all documents relevant to the development of a MC waste management plan, including previous reports and results of previously conducted assessments.	5 days	Mon 11/8/10	Fri 11/12/10		
16	Work with counterpart(s) to implement the MC waste management plan.	5 days	Mon 11/15/10	Fri 11/19/10		
17	**Conduct SOP training session**	**5 days**	**Mon 11/15/10**	**Fri 11/19/10**		
18	Clear Assigned Responsibities	1 day	Mon 11/15/10	Mon 11/15/10		
19	Occupational Safety	1 day	Tue 11/16/10	Tue 11/16/10		
20	Designated Storage Location	1 day	Wed 11/17/10	Wed 11/17/10		
21	Disposal Sites(s) and methods(s)	1 day	Thu 11/18/10	Thu 11/18/10		
22	Periodic Review	1 day	Fri 11/19/10	Fri 11/19/10		

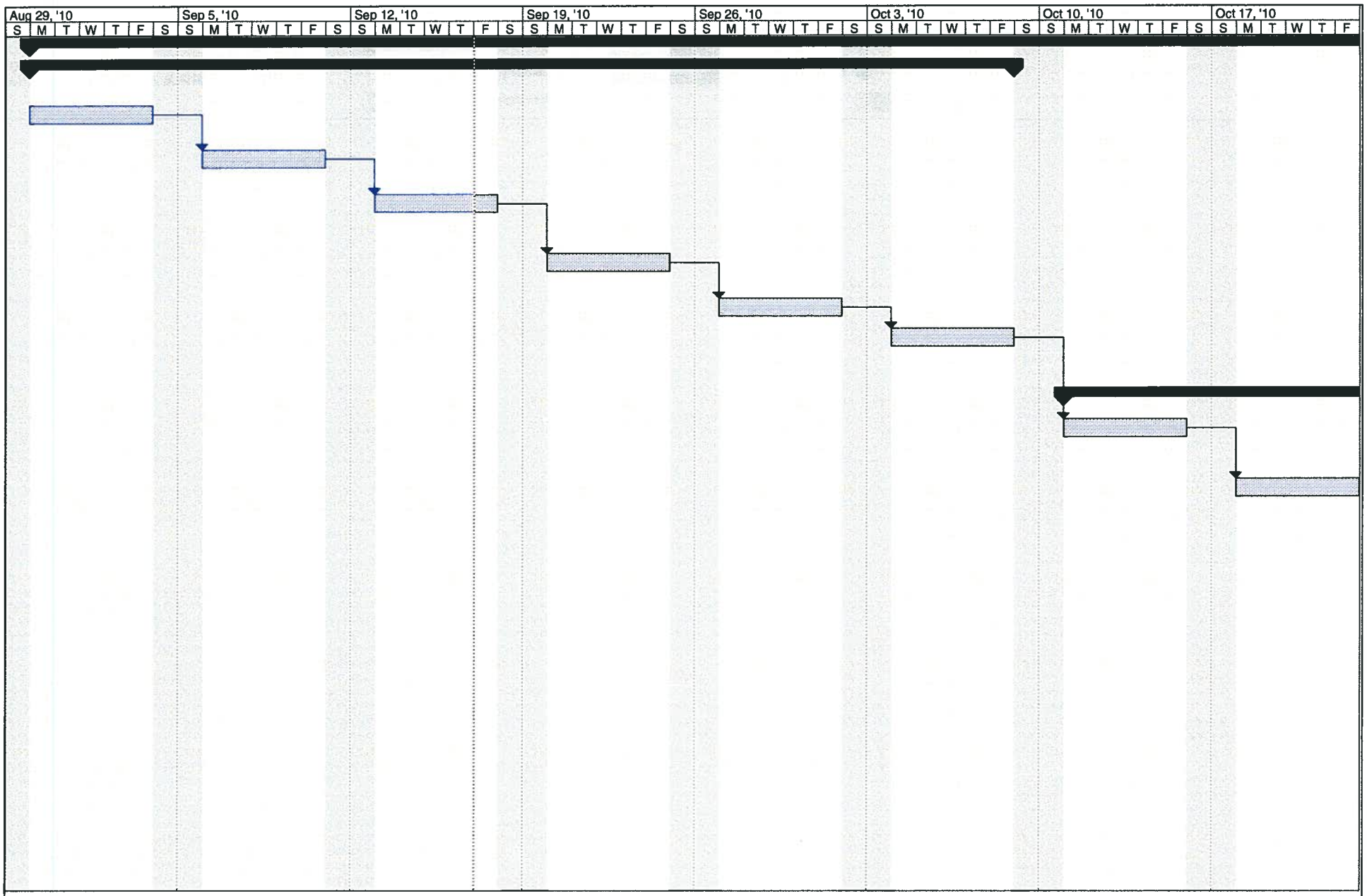
Project: Male Circumcision Workplan.m
Date: Fri 9/17/10

Task | Milestone | External Tasks
Split | Summary | External Milestone
Progress | Project Summary | Deadline

ID	Task Name	Duration	Start	Finish	Deliverable (text 1)	Resource Names
23	Complete assigned deliverables	5 days	Mon 11/22/10	Fri 11/26/10	Submit a Technical Report within three (3) weeks of completion of assignment	

Project: Male Circumcision Workplan.m
Date: Fri 9/17/10

Task
Split
Progress
Milestone
Summary
Project Summary
External Tasks
External Milestone
Deadline



Project: Male Circumcision Workplan.m
Date: Fri 9/17/10

Task
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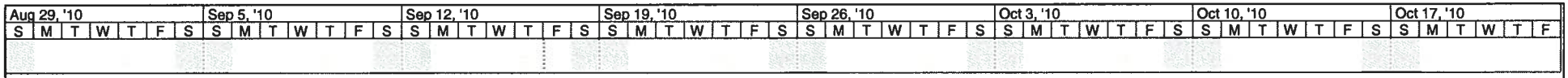

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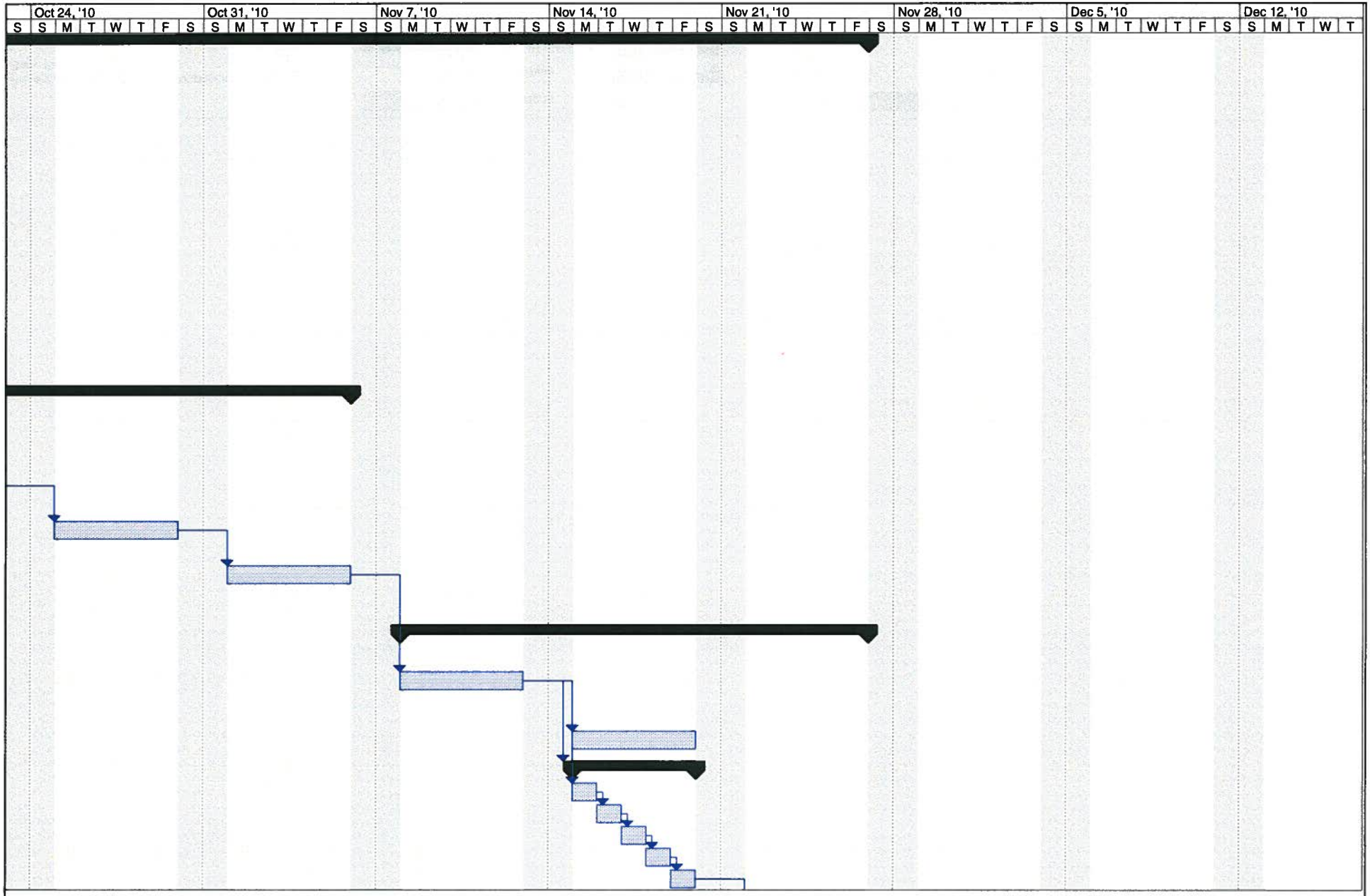
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Estimated Budget Costs
Male Circumcision Waste Management

LOE Salaries Subtotal	$	63,000
Travel, Transportation & Per Diem Subtotal	$	71,540
Subtotal	$	134,540
PFSCM Surcharge	$	2,691
Project Total	$	137,231

Supply Chains Master Plan
Phase 1: Impact Study Assessment
Estimated Costs

Detailed Budget PMO Support Costs			
	Unit Cost	Qty	Total
Salaries Subtotal	**Daily**		**$ 36,000**
Advisor 1	$ 600	30	$ 18,000
Advisor 2	$ 600	30	$ 18,000
Travel, Transportation & Per Diem Subtotal	**Per Trip**		**$ 35,530**
Airfare	$ 4,000.00	3	$ 12,000
Per Diem	$ 250.00	40	$ 10,000
Transit Per Diem (blend)	$ 90.00	4	$ 360
Travel Documentation	$ 175.00	2	$ 350
Airport Transfers	$ 100.00	2	$ 200
Misc.	$ 400.00	2	$ 800
In-country Costs			
Workshop venue: 3 day	$ 7,000.00	1	$ 7,000
Airport Transportation	$ 150.00	2	$ 300
Site Visits: Vehicles and Gas	$ 150.00	3	$ 450
MOH Escort Per Diem: $ 35.00	$ 35.00	2	$ 70
Ground Travel	$ 150.00	20	$ 3,000
Misc.	$ 1,000.00	1	$ 1,000
Administrative Costs			
Report Editing	$ 1,500.00	1	$ 1,500
Subtotal			**$ 71,530**
PSCM Surcharge	2.0%		$ 1,431
TOTAL			**$ 72,960.60**

Male Circumcision Waste Management Plan
Phase 2: SOP development
Estimated Costs

Detailed Budget PMO Support Costs			
	Unit Cost	Qty	Total
Salaries Subtotal	Daily		$ 15,000
Advisor 1: SOP development	$ 600	25	$ 15,000
Travel, Transportation & Per Diem Subtotal	Per Trip		$ 19,080
Airfare	$ 4,000.00	1	$ 4,000
Per Diem	$ 250.00	15	$ 3,750
Transit Per Diem (blend)	$ 90.00	2	$ 180
Airport Transfers	$ 100.00	1	$ 100
Ground Travel	$ 100.00	1	$ 100
Misc.	$ 400.00	1	$ 400
In-Country Costs			
Workshop Venue: 5 day	$ 7,000.00	1	$ 7,000
Airport Transportation	$ 150.00	2	$ 300
Ground Travel	$ 150.00	15	$ 2,250
Misc.	$ 1,000.00	1	$ 1,000
Subtotal			$ 34,080
PSCM Surcharge	2.0%		$ 682
TOTAL			**$ 34,761.60**

Male Circumcision Waste Management Plan
Phase 2: SOP Implementation
Estimated Costs

Detailed Budget PMO Support Costs			
	Unit Cost	Qty	Total
Salaries Subtotal	**Daily**		**$ 12,000**
Advisor 1: Training and Implementation	$ 600	20	$ 12,000
Travel, Transportation & Per Diem Subtotal	**Per Trip**		**$ 16,930**
Airfare	$ 4,000.00	1	$ 4,000
Per Diem	$ 250.00	10	$ 2,500
Transit Per Diem (blend)	$ 90.00	2	$ 180
Airport Transfers	$ 100.00	1	$ 100
Ground Travel	$ 100.00	1	$ 100
Misc.	$ 400.00	1	$ 400
In-Country Costs			
Workshop Venue: 5 day	$ 7,000.00	1	$ 7,000
Airport Transportation	$ 150.00	1	$ 150
Ground Travel	$ 150.00	10	$ 1,500
Misc.	$ 1,000.00	1	$ 1,000
Subtotal			**$ 28,930**
PSCM Surcharge	2.0%		$ 579
TOTAL			**$ 29,508.60**

The following list is intended to provide an example of the range of options available when considering the purchase of incinerators. It is not meant to be exhaustive. It covers a range of sizes of incinerators that are fueled by electricity, gas, oil and self-fueling options. Many factors must be considered when purchasing incinerators. Some of these include:

1. Settings: where will the incinerator be places (in a large hospital, a small clinic or a remote outreach site)
2. Availability of fuel (gas, oil, electricity)
3. Capacity (chamber volume)
4. Burn rate (kg of waste burned per hour)
5. Ease of use and maintenance
6. Availability of local or regional technical assistance from authorized dealers
7. Initial cost (purchase & installation) and cost of operation (fuel consumption and maintenance).

It must be emphasized that there is a wide variety of manufacturers of incinerators and the mention of one in this document is by no means a recommendation or endorsement of that manufacturer.

Type	Manufacturer	Burn Rate kg / hr	Fuel	Cost estimate, SUS	Web page	Notes
Model M60	Inciner8 Ltd., UK	50	oil or gas	10,000 - 12,000	http://www.inciner8.com/pdf/modelM600109.pdf	larger capacity models are available
Mobile incinerators	Inciner8 Ltd., UK	45	oil or gas	10,000 - 11,000	http://www.inciner8.com/pdf/mobileincinnew1.pdf	larger and smaller sizes are available
DeMontfort	built on site	Dec-50	none	250 - 1500	http://www.mw-incinerator.info/en/202_materials.html	This incinerator is built on site using material available locally. It has a life span of 3-5 years
CTL-25	CECON Pollutech Systems	40	electricity	NA	http://www.ceconpollutech.com/electrical-incinerator.htm	larger and smaller sizes are available

SCMS Providing quality medicines for people living with and affected by HIV and AIDS

PEPFAR Implementing Partner

Scope of Work for Short Term Technical Assistance Intervention

Name of SCMS Personnel Submitting Request:	**Date:** *(when SOW was submitted to SS Unit):*
Country and Technical Area:	**Country concurrence required for this TDY:**

Is the STTA intervention included in the current workplan or a new request *(if new, provide justification including budget implications)*:

Background statement setting context for the STTA *(keep it brief; refer to previous interventions related to this STTA)*:

The landmark President's Emergency Plan for AIDS Relief (PEPFAR) has channeled billions of dollars for the provision of critical pharmaceuticals and medical supplies to prevent the spread of infection and to treat and care for millions of people affected by HIV/AIDS.

PEPFAR recognizes that medical male circumcision can be an important part of HIV prevention programs. At the same time, it is important that male circumcision be safely provided and that it be integrated into, and not substituted for, a comprehensive HIV/AIDS prevention program.

Supply chain management and appropriate use of the health commodities for male circumcision are being strengthened through several PEPFAR country programs. However, to date, health care waste management (HCWM) requirements for this initiative have not been actively acknowledged. HCWM has yet to be systematically recognized and supported as an integral requirement for this program or other health service delivery programs, particularly those resulting in infectious waste. With the implementation of the male circumcision initiative it is important to develop a proactive solution to the handling and disposal of the health care waste generated, to ensure the safety of the patients, public, provider and the environment.

COUNTRY DEATAILS:

Brief purpose statement *(the need for this specific STTA):*

The purpose of this activity is to conduct an environmental impact assessment and system design analysis for the development of a waste management plan for the PEPFAR male circumcision initiative in XXXXXXXX.

Specific tasks to be performed (Use *bullets. If the STTA intervention requires more than one advisor, list the specific tasks to be undertaken by each advisor. The following should be included in all SOW unless the in and out briefs are not applicable. For Pre and Post LOE please indicate the desired number of days, suggested span for Pre is 2 – 10 days and Post 1 -15 days)*:

Pre STTA Tasks: (LOE: 5 days)

- Review all documents relevant to the development of a MC waste management plan, including previous reports and results of previously conducted assessments.

In-Country Tasks: (LOE: 20 days)

- Conduct an in-brief with the Country Director and USG if requested.
- Review the current waste management system for essential health care commodities and health care facilities'.
- Conduct a system mapping exercise that will address: information flow, commodity flow, and disposal.
- Conduct initial information and desensitization meetings with key stakeholders, decision makers and representatives from different programs and levels of health care system.
    - Facilitate relationship building and buy-in between USG, Ministry of Health and other key stakeholder.
    - Define the scope and method of collecting information
    - Finalize facilities for site visit and key stakeholders to be interviewed.
- Conduct a information gathering and analyze existing challenges within the country's MC waste management processes and/or systems in place
    - Conduct informational interviews, stakeholder meetings, site visits, document review, and etc, as identified and agreed upon at the initial meeting.
    - Establish and identify key supply chain management personnel to attend the system design workshop and serve as the "In-country Design Team".
- Analysis data and begin planning and preparation for a three (3) day design workshop with 15 -20 key stakeholder participants
    - Facilitate a three (3) day workshop that discusses the main components of a waste management plan and design and build a consensus for a national waste management plan for MC, The plan should include the following:
        - Written Policies and Standard Operating Procedures
        - Clear Assigned Responsibilities
        - Training of Personnel/Occupational Safety
        - Designated storage location
        - Disposal site(s) and methods
        - Periodic Review
- Facilitate a feed back session with the "In-country Design Team" and key decision makers.
    - Achieve final consensus and endorsement of the MC waste management plan.
    - Discuss the development and implementation action plan of the waste management plan.
- Conduct an out brief with the Country Director and with the USG if requested.

Post STTA Tasks: (LOE: 5 days)

- Complete the deliverable.

Deliverable or products to be developed *(specify the task above generating the deliverable or product, including due date -- or number of days/weeks after completion of STTA):*

- Submit a Trip Report within one (1) week of completion of assignment.
- Submit a Technical Report within three (3) weeks of completion of assignment, that includes the following?
    - Methodologies
    - Findings
    - Recommendations
    - Implementation action plan

Required qualifications of each Technical Advisor(s) *(include language requirements):*

- Expertise is Waste Management
- Knowledgeable of logistics systems and product lifecycle
- Able to work within a group
- The ability to conduct assessments
- The ability of analyze data
- Strong oral and communication skills

Optional: suggested SCMS subcontractor and/or person *(If a specific subcontractor or person is named please provide the consultants full name and organizations that employs them. If possible please specify where the consultant will be traveling from and to (city, country):*

- TBD: Techncial Adivsor 1
- TBD: Techncial Adivsor 2

Dates and duration of the STTA *(for each advisor, specify (on/about) start date in-country, number of days in country and number of pre- and post TDY days authorized to complete tasks, deliverables or products):*

This activity will start on/about TBD , with a total LOE of 30 days

Funding source for the STTA *(USG or other; core or field support funds):*	**SCMS Project Number** *(XXX-XX-XXX-XXX) (include project code in this box, using standard syntax)*

Specify support required by the USG team, if any *(such as in-country travel support, setting up meetings, etc. – only include if absolutely necessary due to lack of SCMS in-country resources to provide such support):*

SCMS Providing quality medicines for people living with and affected by HIV and AIDS

PEPFAR Implementing Partner

Scope of Work for Short Term Technical Assistance Intervention

Name of SCMS Personnel Submitting Request:	**Date:** *(when SOW was submitted to SS Unit):*
Country and Technical Area:	**Country concurrence required for this TDY:**

Is the STTA intervention included in the current workplan or a new request *(if new, provide justification including budget implications)*:

Background statement setting context for the STTA *(keep it brief; refer to previous interventions related to this STTA)*:

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Supply chain management and appropriate use of the health commodities for male circumcision are being strengthened through several PEPFAR country programs. However, to date, health care waste management (HCWM) requirements for this initiative have not been actively acknowledged. HCWM has yet to be systematically recognized and supported as an integral requirement for this program or other health service delivery programs, particularly those resulting in infectious waste. With the implementation of the male circumcision initiative it is important to develop a proactive solution to the handling and disposal of the health care waste generated, to ensure the safety of the patients, public, provider and the environment.

COUNTRY DEATAILS:

Brief purpose statement *(the need for this specific STTA):*

The purpose of this activity is to develop SOPs for the waste management plan for the PEPFAR male circumcision initiative in XXXXXXXX.

Specific tasks to be performed (Use *bullets. If the STTA intervention requires more than one advisor, list the specific tasks to be undertaken by each advisor. The following should be included in all SOW unless the in and out briefs are not applicable. For Pre and Post LOE please indicate the desired number of days, suggested span for Pre is 2 – 10 days and Post 1 -15 days)*:

Pre STTA Tasks: (LOE: 5 days)

- Review all documents relevant to the development of a MC waste management plan, including previous reports and results of previously conducted assessments.

In-Country Tasks: (LOE: 10 days)

- Conduct an in-brief with the Country Director and USG if requested.
- Work with the "in-country design team" to develop SOPs that will ensure that a waste management system is in place. The SOPs will include:
    - Clear Assigned Responsibilities
    - Training of Personnel/Occupational Safety
    - Designated storage location
    - Disposal site(s) and method(s)
    - Periodic Review and M&E
- Work with counterpart to find local contractors to handle final disposal and develop service level agreement(s) (SLA), if possible explore cost-effective and environmental friendly methods of disposal which could include:
    - Landfills
    - Waste immobilization: encapsulation, inertization
    - Sterilization
    - Open pit burning
    - Medium to high temperature incineration
    - Chemical decomposition
    - Recycling
- Conduct an out brief with the Country Director and with the USG if requested.

Post STTA Tasks: (LOE: 5 days)

Deliverable or products to be developed *(specify the task above generating the deliverable or product, including due date -- or number of days/weeks after completion of STTA):*

- Submit a Trip Report within one (1) week of completion of assignment.
- SOPs for the handling, storage, and disposal of MC waste.
- SLA on final disposal of waste

Required qualifications of each Technical Advisor(s) *(include language requirements):*

- Expertise is Waste Management
- Knowledgeable of logistics systems and product lifecycle
- Able to work within a group
- Strong oral and communication skills

Optional: suggested SCMS subcontractor and/or person *(If a specific subcontractor or person is named please provide the consultants full name and organizations that employs them. If possible please specify where the consultant will be traveling from and to (city, country):*

- TBD: Techncial Adivsor 1

Dates and duration of the STTA *(for each advisor, specify (on/about) start date in-country, number of days in country and number of pre- and post TDY days authorized to complete tasks, deliverables or products):* This activity will start on/about TBD , with a total LOE of 25 days	
Funding source for the STTA *(USG or other; core or field support funds):*	**SCMS Project Number** *(XXX-XX-XXX-XXX) (include project code in this box, using standard syntax)*
Specify support required by the USG team, if any *(such as in-country travel support, setting up meetings, etc. – only include if absolutely necessary due to lack of SCMS in-country resources to provide such support):*	

SCMS Providing quality medicines for people living with and affected by HIV and AIDS

PEPFAR Implementing Partner

Scope of Work for Short Term Technical Assistance Intervention

Name of SCMS Personnel Submitting Request:	**Date:** *(when SOW was submitted to SS Unit):*
Country and Technical Area:	**Country concurrence required for this TDY:**

Is the STTA intervention included in the current workplan or a new request *(if new, provide justification including budget implications)*:

Background statement setting context for the STTA *(keep it brief; refer to previous interventions related to this STTA)*:

The landmark President's Emergency Plan for AIDS Relief (PEPFAR) has channeled billions of dollars for the provision of critical pharmaceuticals and medical supplies to prevent the spread of infection and to treat and care for millions of people affected by HIV/AIDS.

PEPFAR recognizes that medical male circumcision can be an important part of HIV prevention programs. At the same time, it is important that male circumcision be safely provided and that it be integrated into, and not substituted for, a comprehensive HIV/AIDS prevention program.

Supply chain management and appropriate use of the health commodities for male circumcision are being strengthened through several PEPFAR country programs. However, to date, health care waste management (HCWM) requirements for this initiative have not been actively acknowledged. HCWM has yet to be systematically recognized and supported as an integral requirement for this program or other health service delivery programs, particularly those resulting in infectious waste. With the implementation of the male circumcision initiative it is important to develop a proactive solution to the handling and disposal of the health care waste generated, to ensure the safety of the patients, public, provider and the environment.

COUNTRY DEATAILS:

Brief purpose statement *(the need for this specific STTA):*

The purpose of this activity is to execute the waste management plan for the PEPFAR male circumcision initiative in XXXXXXXX.

Specific tasks to be performed *(Use bullets. If the STTA intervention requires more than one advisor, list the specific tasks to be undertaken by each advisor. The following should be included in all SOW unless the in and out briefs are not applicable. For Pre and Post LOE please indicate the desired number of days, suggested span for Pre is 2 – 10 days and Post 1 -15 days)*:

Pre STTA Tasks: (LOE: 5 days)

- Review all documents relevant to the development of a MC waste management plan, including previous reports and results of previously conducted assessments.

In-Country Tasks: (LOE: 10 days)

- Conduct an in-brief with the Country Director and USG if requested.
- Work with counterpart(s) to implement the MC waste management plan.
- Conduct SOP training session on the following:
    - Clear Assigned Responsibilities
    - Training of Personnel/Occupational Safety
    - Designated storage location
    - Disposal site(s) and method(s)
    - Periodic Review and M&E
- Conduct an out brief with the Country Director and with the USG if requested.

Post STTA Tasks: (LOE: 5 days)

Deliverable or products to be developed *(specify the task above generating the deliverable or product, including due date -- or number of days/weeks after completion of STTA):*

- Submit a Trip Report within one (1) week of completion of assignment.
- Submit a Technical Report within three (3) weeks of completion of assignment that include:
    - Training Material
    - Status Report
    - Follow-up recommendations

Required qualifications of each Technical Advisor(s) *(include language requirements):*

- Expertise is Waste Management
- Knowledgeable of logistics systems and product lifecycle
- Able to work within a group
- Strong oral and communication skills

Optional: suggested SCMS subcontractor and/or person *(If a specific subcontractor or person is named please provide the consultants full name and organizations that employs them. If possible please specify where the consultant will be traveling from and to (city, country):*

- TBD: Techncial Adivsor 1

Dates and duration of the STTA *(for each advisor, specify (on/about) start date in-country, number of days in country and number of pre- and post TDY days authorized to complete tasks, deliverables or products):*

This activity will start on/about TBD , with a total LOE of 20 days

Funding source for the STTA *(USG or other; core or field support funds):*	**SCMS Project Number** *(XXX-XX-XXX-XXX) (include project code in this box, using standard syntax)*

Specify support required by the USG team, if any *(such as in-country travel support, setting up meetings, etc. – only include if absolutely necessary due to lack of SCMS in-country resources to provide such support):*	