

TERMS OF REFERENCE CONSULTANT- BIOMEDICAL WASTE MANAGEMENT, INFECTION CONTROL AND ENVIRONMENTAL SAFEGUARDS

UTTARAKHAND HEALTH SYSTEMS DEVELOPMENT PROJECT Implemented by Uttarakhand Health and Family Welfare Society

1. General information

Sector Background

Biomedical waste is the waste that is generated during the process of patient care and its quantity in cities has been ranging from 1.5 to 2% of the municipal solid wastes. WHO fact sheet reported that from total of waste generated by health care activities, 20% is hazardous. Though quantity is relatively small, it can pose grave risks if not managed properly. All the biomedical waste generated (body parts, organs, tissues, blood and body fluids along with soiled linen, cotton, bandage and plaster casts from infected and contaminated areas along with used needles, syringes and other sharps) is very essential to be properly collected, segregated, stored, transported, treated and disposed off in safe manner to prevent spread of infection. Failing to do this might lead to spread of hazardous infections such as HIV, Hepatitis and other viral or bacterial infections which pose huge risk to the health of the public, patients, medical professionals and contribute to environmental degradation. However such negative impacts are reversible and easily mitigated through systematic management from source to disposal. It is important to include environmental due diligence as an integral part of efforts aimed at health systems strengthening.

The overall context for health care waste management in India is provided by the Government's Bio-Medical Rules (prepared in 1998 and amended in 2016. The Rules are based on the principles of segregation of bio-medical waste produced in health care facilities, followed by adequately managed treatment and disposal to reduce adverse impact on public health and the environment. The Rules apply to all persons and institutions which generate, collect, receive, store, transport, treat, dispose, or handle bio-medical waste in any form.

Health seeking behavior and health practice of the patient is often based upon community, household and individual factors which include traditional practices and cultural habits. As such factors are significant in health seeking behavior, it is imperative to reach out to these vulnerable communities by both government and other partner agencies. These efforts will have to support strategies and interventions that promote demand for services. Addressing issues related to social determinant of health particularly with regard to access and utilization of services by poor and marginalized groups such as women and children in remote and geographically challenging areas of the state is extremely important.

Project Background

Proposed Uttarakhand Health Systems Development Project (UKHSDP) is conceived as a strategic initiative to enhance people's access to quality health care services in the state of Uttarakhand. The project seeks to support Uttarakhand in improvements in access to and quality of health services and in providing health financial risk protection. Specifically, the project would improve access to health services for the predominantly remote population of the state,

through strengthening public and private health-delivery systems; promoting greater stewardship and managerial capacity in the state directorate; improving information systems; augmenting monitoring and research; and extending coverage of RSBY beyond hospitalization to include primary healthcare services. A key area the project supports is innovative mechanisms for Uttarakhand to engage with private health care providers, expanding their role in meeting the unmet access needs of the state's population.

The nature of this project provides tremendous opportunities to enhance the sanitation, hygiene and infection control and waste management systems and processes in the state so as to further promote sound public health outcomes, while also ensuring that there are no adverse impacts to the environment. There is pressing need to strengthen the capacity on waste management and infection control, ensure the availability of human resources designated to waste management and strengthen the monitoring system to ensure compliance with the Government of India's national regulations.

The overarching issue that determines utilization of services and health outcomes appears to be difficult geographical terrain. It is important to identify issues that may constrain their participation in development process ,suggest measures to enhance their involvement and enable them to access healthcare at par with others

The project will be implemented over six years.

2. Overall Objectives:

- Implementation of Environment and Social Management Plan (ESMP - includes the indigenous people's plan) in consultation with stakeholders and monitor activities as prescribed in the ESMP
- Support other environmental and infection control efforts across health system of Uttarakhand
- The consultant will also provide technical assistance and ongoing support to UKHSDP to facilitate timely and high quality inputs for the social development theme, interwoven through all the activities of the project. This includes strengthening and documenting the focus on remote and tribal populations, other vulnerable groups and equity focus of the project activities.

3. Scope of Work Environment:

- The consultant must undertake the following tasks:
- Develop detailed action plan based on ESMP for immediate and medium term activities.
- Set up institutional arrangements as defined in ESMP
- Coordinate and manage day to day activities identified in ESMP
- Implement capacity building and training plan for state and district level officials and TOTs

- Organize the procurement of consumables based on consultative discussions related to requirements, based on quality and quantity
- Coordinate development of IEC materials
- Organize discussions with pollution board and municipalities for better coordination
- Conduct the training activities As defined in the ESMP
- Conduct regular meetings with district level officials to understand challenges and issues of implementation
- Undertake site visits and inspection visits on regular basis and maintain photographic evidence of ESMP implementation
- Document good case studies and model facilities which show good implementation
- Monitor implementation of ESMP
- Regularly review the progress (Monitoring) of environment related activities to assess mid-term/interim performance of activities.
- Include monitoring of ESMP and indicators into project MIS and update regularly
- Commission a mid term and end-line independent environmental audit of ESMP in year 5 of the project
- Coordinate the development of IEC materials
-
- Undertake field visits, including to remote and tribal areas to review challenges and interventions required in the design and implementation of the tribal strategy
- Monitor implementation of the indigenous peoples plan and document with photographic evidence
- Regularly review the progress (Monitoring) of to assess mid- term/interim performance of activities.
- Include monitoring and indicators into project MIS and update regularly
- Commission a midterm and end-line independent audit of tribal plan and gender strategy in year 5 of the project
- Besides the above responsibilities, the consultant may be assigned additional tasks that are relevant to ESMP or Environmental aspect of DoMHFW.

4. Qualifications and Experience

Full time Master's degree in Environmental Science / /Public Health /Hospital Management/ Public Health Engineering or a fulltime 2 year PG Diploma in Environmental Science

At least **1 year** of cumulative experience in public health /hospital management/ Biomedical Waste Management- Infection Control field

At least - 6 months of demonstrated experience in the area of Biomedical Waste Management- Infection Control.

5. Age-

The age should be <45 yrs

6. Duration

The appointment is contractual in nature. The total contract period is for 6 years, subject to a comprehensive review of performance after every 11 months. Renewal of contract shall be solely on the basis of satisfactory annual performance review report. The contract may be extended thereafter based on the project need. The contract may be terminated at any point due to non-performance, indiscipline or reasons that undermine the performance of the project, at one month's notice.

7. Reporting and Review of Consultant's work

The Consultant will report to the PD/APD through his concerned JD/Asst Dir (Health System Strengthening) (or the person/s authorized by PD for the purpose).

The consultant's work and performance will be reviewed periodically by Review Committee.

8. Remuneration

INR 40,000-60,000 per month (Negotiable), remuneration will commensurate with experience and past employment history of the candidates and will provide excellent reward for the right person.

9. How to Apply

Interested candidates are requested to apply by sending a copy of recent CV along with a covering letter describing how your qualification and experience makes you suitable for the desired position through email to ukhsdp.hr@gmail.com or send by post to Additional Project Director, UKHSDP, First Floor Homeopathy Directorate, Directorate of Medical Health and Family Welfare, Danda Lakhond, Sahastradhara Road (Near IT Park), Dehradun-248001, Uttarakhand, India. Clearly specifying post applied for in subject line of the email (if applied by email) and on top of envelope (if applied by post).

Kindly note that CVs without Cover Letter or without clearly mentioning post applied for will not be entertained.

Last date for receiving applications is **9th July 2018**, no applications will be entertained after last date under any circumstances. Only short listed candidates will be contacted through email. This activity may be cancelled at any time without prior notice.