

## **Terms of Reference (ToR) for Hiring a Consultant for the Snakebite Prevention and Management Project in Uttar Pradesh**

### **Background:**

The venomous snake fauna in the South East Asia Region, especially in India, poses a significant threat to public health, with Uttar Pradesh being one of the most affected regions due to its conducive environment for snake habitation. Snakebites in Uttar Pradesh have dire consequences on individuals, leading to fatalities, severe disabilities, and economic hardships. Recognizing the urgent need to address this issue, a pilot project has been initiated in three specific districts within Uttar Pradesh: Barabanki, Ghazipur, and Sonbhadra.

### **Scope of Work:**

The selected consultant will be responsible for coordinating and overseeing the implementation of the project. The consultant will work closely with Rahat Department, Relief commissioner office, Uttar Pradesh State Disaster Management Authority (UPSDMA), District Magistrate Offices and other stakeholders to ensure the successful execution of the project. The consultant's responsibilities will include:

#### **I. Project Planning and Management:**

Develop a detailed roadmap and timeline for the implementation of the project.

Coordinate with government agencies, healthcare institutions, and other partners to ensure smooth execution.

Monitor project progress and provide regular reports to the authorities.

#### **II. Capacity Building and Training:**

Organize the training sessions for healthcare professionals on snakebite management, in collaboration with master trainers.

Facilitate training sessions for ASHAs, CHOs, ANMs, and other frontline workers on snakebite prevention and first aid.

Ensure the availability of Snakebite Kits at healthcare facilities and remote communities.

#### **III. Information, Education, and Communication (IEC) Materials:**

Oversee the development and distribution of IEC materials, including posters, booklets, and audio-visual content, to raise awareness about snakebites.

Ensure the display of awareness posters and treatment guidelines in healthcare facilities and emergency wards.

#### **IV. State-Level Workshops and Meetings:**

Organize state-level sensitization cum orientation meetings and experience-sharing workshops to engage key stakeholders.

#### **V. Incentives and Awards:**

Coordinate the distribution of incentives to ASHAs and other frontline workers involved in snakebite management.

Facilitate the award distribution to recognize and incentivize individuals who have made significant contributions to snakebite management.

The consultant will be required to adhere to the project timeline, ensure timely completion of project activities and travel as and when required.

**Qualifications and Experience:**

The consultant should have the following qualifications and experience:

A background in public health or a related field.

Previous experience in managing healthcare projects, especially in rural settings.

Strong project management and coordination skills.

Excellent communication and networking abilities.

Familiarity with the healthcare system in Uttar Pradesh.

**Duration:**

5 months. (It may vary according to the completion of the project.)

**Fee:**

50,000/- per month.

**Duty station:**

Lucknow.

Interested candidate can email their Application form, CV and cover letter on [stateeoc.up@gmail.com](mailto:stateeoc.up@gmail.com) by 15.12.2023 by 06:00 pm.

**APPLICATION FOR CONSULTANT FOR THE SNAKEBITE PREVENTION AND  
MANAGEMENT PROJECT IN UTTAR PRADESH**

1. Name in Block letters :
2. Contact number :
3. Email id :
4. Father's Name :
5. Date of Birth :
6. Educational Qualification-

Sno	Name of degree/diploma	Name of Institution	Year of Passing

(Add additional sheet if necessary)

7. Details of Employment, in chronological order-

Sno	Name of Office/ Institution/Organisation	Post/Position held	From	To	Total Duration (year)

**DECLARATION**

I have carefully gone through the advertisement requirement and I hereby certify that information filled above is correct and document required to verify the same will be furnished by me when asked. In case of failure to do so or giving incorrect information in the above form will be ground for my disqualification.

Date:  
Place:

Name:  
Signature: