

## Government of Rajasthan

Directorate of Medical & Health Services,  
Swasthya Bhawan, Tilak Marg, C-Scheme  
Rajasthan, Jaipur-302005

Tel.: 0141-2220958

No. Dt /Fluorosis/ 2008/ 18

Dated: 10.1.09

### Letter of expression

The Director (PH), Medical & Health Services, Rajasthan, Jaipur invites applications from individuals for job of Consultant and field investigators on contract basis for the following post.

#### 1. District Level Consultant : Post -1

**Qualification:-**The consultant should have minimum Qualification given as below:-  
MBBS/BDS/ MSc in Microbiology/ Bio Chemistry /PG in Life Science. Priority will be given to DPH/MD (specialty in public health)


**Remuneration :** 25,000/-(consolidated) per month.  
**Age limit :** Even retired persons below 65 years can apply.  
**Place of posting :** Nagaur

#### 2. Field Investigator Post - 3

**Qualification:-** The Field Investigator should have GNM/MPW/LT/SI Diploma . Priority will be given to those all are familiar with Computer & Internet use.  
**Remuneration :** 6,000/-(consolidated) per month.  
**Age limit :** Even retired persons below 40 years can apply.  
**Place of posting :** Nagaur.

Those interested and eligible can apply, along with their CVs and copies of relevant documents showing qualifications,- e.g. applicant's Name, Father's Name, Age, Office and Residential Address with Telephone Number, E-mail Address, Qualification and experience supported by attested photo copies of relevant papers to Addl. Director (RH) Medical & Health Services, Room no. 321, Swasthya Bhawan Tilak Marg, Rajasthan, Jaipur by 6.00P.M. latest by 21 Jan. 2009. Only short listed candidates will be called for interview and informed about date and time of interview.

Detailed Terms of Reference, criteria job responsibility and other conditions are available on our website [http:// rajswasthya.nic.in](http://rajswasthya.nic.in). For further queries the project office can be contacted during office hours at the address mentioned above.

  
Addl Director (RH)  
Medical & Health Services,  
Raj; Jaipur

# TERMS OF REFERENCE FOR PREVENTION AND CONTROL OF FLUOROSIS

## Background

Fluorosis, a public health problem, is caused by excess intake of fluorides through drinking water/ food products/ industrial pollutants, over a long period. It results in major health disorders like dental fluorosis, skeletal fluorosis and non-skeletal fluorosis besides inducing ageing. These harmful effects, being permanent and irreversible in nature, are detrimental to the health of an individual and the community which in turn has an impact on growth, development, economy and human resource development of the country.

Fluoride endemicity has been reported in 196 districts of 19 states & UT's of the country. The affected population with fluorosis is about 66 million in the country. Based on excess level of fluoride content in No of districts, the States/ UT's have been classified as mild, moderate and severe endemic States/ UT's of Fluorosis. It affects all ages. States/UT's like Andhra Pradesh, Assam, Bihar, Chhattisgarh, Delhi, Gujarat, Haryana, Jharkhand, Karnataka, Kerala, Jammu & Kashmir, Madhya Pradesh, Maharashtra, Orissa, Punjab, Rajasthan, Uttar Pradesh, Tamil Nadu, West Bengal are affected from fluorosis. This includes 196 districts. In all these States, the drinking water has high fluoride content but the information about the various food items and industrial emission having high fluoride level is not available.

Fluorosis brings about changes in skeletal system and teeth which becomes irreversible in due course of time. There fore, the focus of management of fluorosis is on prevention, health promotion, deformity correction and rehabilitation.

At present there is no National Programme for Management of Fluorosis. Data regarding prevalence of Fluorosis is based on studies conducted by different groups over a period of time, Deptt. Of Drinking Water Supply, Govt. of India had collected baseline data of household of these 196 districts in 19 States/ UT's for provision of safe drinking water, Government of India supplements the efforts of State Government and UT's by providing funds under the Accelerated Rural Water Supply Programme ( ARWSP) . Inadequate information is available with practicing doctors regarding fluorosis. Few Governments institutions like AIIMS, NICD, NIN, AIH &PH in the country have the infrastructure for fluorosis diagnosis as and when requested for, mostly by State Governments/ NGO/ research group.

The chairman of National Human Rights Commission reviewed the fluorosis situation in the country and recommended a national Programme for the same, there was reference from PMO Office about fluorosis problem in the country. Further, the Ministry of Health & F.W. has given assurance to look into the modalities of the National Programme on Fluorosis. Planning Commission has also included it under new initiative during the 11th Five Year Plan.



Thus, there is an urgent need to address these issues. A coordinated effort on part of different ministries is required to tackle this problem. National Programme for Prevention and Control of Fluorosis is envisaged during the 11th Five year plan.

### **Sources of Fluoride**

The main sources of fluoride intake are drinking water, food, drugs & industrial emissions. Permissible limit for fluoride as per BIS is 1:00 PM in drinking water.

### **Goal**

To prevent and control Fluorosis cases in the country.

### **Objectives**

The Objectives of the National Programme for Prevention & Control of Fluorosis are as follows:

- (1) To collect, assess and use the baseline survey data of fluorosis of Deptt. Of Drinking Water Supply for starting the project.
- (2) Comprehensive management of fluorosis in the selected areas.
- (3) Capacity building for prevention, diagnosis and management of fluorosis cases.

### **Programme Framework & Phasing**

The programme will be implemented in 100 out of 196 endemic districts in 19 States/ UT's in phase- wise manner during the remaining part of the 11th Five Year Plan.

#### **(A) Phase-I(2008-09)**

During the first year, baseline data will be collected from Deptt. of Drinking Water Supply and then the Programme for Prevention and Control of Fluorosis will be implemented in the following 5 districts selected from each of the zoned of the country based on prevalence data as collected from Deptt. of Drinking Water Supply on fluorosis, these districts are given community diagnosis, early detection and rapid management, capacity building by strengthening labs. Training of medical and Laboratory manpower, surgery & IEC will be organized in these districts during this period. These districts are given below:-

- (a) Southern zone (one district) - Nellore, Andhra Pradesh
- (b) Western zone (one district) - Jamnagar, Gujarat
- (c) Northern zone (one district) - Nagaur, Rajasthan
- (d) Eastern zone (one district) - Nayagarh, Orissa
- (e) Central zone (one district) - Ujjain, Madhya Pradesh



## **(B) Phase-II (2009-2010)**

The Phase-1 of the Programme will be continued in second year and additional 15 districts will be added in the Programme. Same activities as envisaged in Phase-1 will be extended to these fifteen districts also.

## **(C) Phase-III | (2010-2011)**

In third year, the Programme will be extended in 40 more districts and activities will be expanded.

## **(D) Phase-IV ( 2011-12)**

During 4th year under Phase-4 the Programme will be further extended in 40 more districts. In the beginning of 4th year the programme will be evaluated by an independent organization and there after necessary mid-term correction/suggestions will be incorporated for the programme of all the covered districts till date and proposed to be covered in the 12th Plan. In this way, 100 districts out of total 196 endemic districts shall be covered in the 11th Five Year Plan.

### **Strategies**

The following strategies to be adopted:-

1. Training:- Impart training to health personnel for prevention, health promotion, early diagnosis and prompt intervention, deformity correction and rehabilitation.
2. Capacity Building:- Capacity building of districts and medical college hospital for reconstructive surgery and rehabilitation.
3. Laboratory Support Development:- Establishment of diagnostic facilities in the District hospitals.
4. I.E.C.:- Health Education for prevention and control of Fluorosis cases.

### **Activities to be undertaken**

1. Community Diagnosis of Fluorosis village/block/cluster wise.
2. Facility mapping from prevention, health promotion, diagnostic facilities reconstructive surgery and medical rehabilitation point of view- village/ block/district wise.
3. Gap analysis in facilities and organization of physical and financial support for bridging the gaps, as per strategies listed above.
4. (a) Diagnosis of individual cases and providing its management.  
(b) Public health intervention on the basis of community diagnosis.
5. Behavior change by IEC.

**The detailed Proposed Activities at various levels are tabulated below :-**

S.No.	Level	Activities
1.	Community (Village)	<ol style="list-style-type: none"> <li>1. The consultant along with field investigators will assess the entire endemic village and identify the persons suffering from fluorosis, persons having deformities due to fluorosis, persons at risk of fluorosis, so as to reach to provisional community diagnosis.</li> <li>2. Verification of community diagnosis by PHC doctors.</li> <li>3. Awareness-cum-Training Programme for Medical Officers, medical personnel of PHC, Mukhya Sevika of ICDs about general symptoms of fluorosis and preventive management.</li> <li>4. Line listing of sources reduction activities, reconstructive surgery cases, rehabilitative intervention activities, focused local action and referral for what is not possible locally.</li> <li>5. Focused behavior change programme through appropriate IEC.</li> <li>6. Inter-sect-oral cooperation for public health intervention.</li> <li>7. Select public health intervention for prevention and health promotion i.e. source reduction, behavior changes, supply of safe drinking water, surveillance.</li> </ol>
2.	Community Health Centre/ FRU	<ol style="list-style-type: none"> <li>1. Similar activities as at community level, but for CHC level staff and block level functionaries.</li> <li>2. Training Programme for clinical examination and management of fluorosis cases- Medical officers, medical personnel of CHCs.</li> <li>3. Training-cum-Awareness Programme for BDC, ICDS staff and Block level functionaries about different components of the Programme for proper supervision and implementation.</li> <li>4. Preliminary diagnosis parameters assessment if facilities are available.</li> <li>5. Monitoring of village/ PHC level activities.</li> <li>6. Referral.</li> </ol>



3.	District	<ol style="list-style-type: none"> <li>1. Similar as CHC level.</li> <li>2. Detailed training Programme for Medical Officers &amp; Medical Personnel for comprehensive management of fluorosis cases.</li> <li>3. Training-cum-Awareness Programme for DDC, ICDS and education personnel about various components of the programme.</li> <li>4. Fully equipped lab support services.</li> <li>5. Fully diagnosis support for dental, skeletal and non-skeletal fluorosis.</li> <li>6. Basic medical, surgical and rehabilitative activities for cases diagnosed by district level specialist.</li> <li>7. Monitoring.</li> <li>8. Referral of difficult cases to near by medical collage.</li> <li>9. The CMO of the district will be responsible officer for the entire programme.</li> </ol>
4.	State	<ol style="list-style-type: none"> <li>1. Programme Planning, execution of programme activities, monitoring, mid-term evaluation correction and reporting of Centre.</li> <li>2. Receipt and disbursement of allocation.</li> <li>3. Utilization certification processing to Centre.</li> <li>4. Assisting Central Team in follow up.</li> </ol>
5.	Centre	<ol style="list-style-type: none"> <li>1. Programme Development, Programme Planning &amp; Monitoring.</li> <li>2. Fund managed and released.</li> <li>3. 10% Central Monitoring.</li> <li>4. Performance reviews.</li> </ol>



## **Terms and Conditions :**

- (i.) The tenure of appointment shall be one year.
- (ii.) The appointee shall be paid a consolidated pay of Rs. 25,000 per month for the post of Consultant & Rs. 6,000 per month for the post of Field Investigator and shall not be eligible for any other allowances and increment in pay.
- (iii.) In case journeys are performed in the interest of Project he/she shall be eligible for TA and DA as applicable to (8000-12000) scale of state govt. servant/Officers of Government of Rajasthan at minimum of pay scale .
- (iv.) The candidate shall be eligible for 10 days casual leave in a year.
- (v.) Apart from the benefit covered under the terms and conditions, the candidate is not eligible for any other benefit such as Time Bond Advance, Promotion, Pension, medical reimbursement etc.
- (vi.) The contract appointment shall not be considered as permanent for any reasons whatsoever.
- (vii.) During the tenure of office the contract appointee shall keep all official information i.e. obtained or collected strictly confidential.
- (viii.) In case any of the above conditions are violated the appointment automatically stands cancelled.
- (ix.) The consultant may have to travel extensively within the state and out side in relation to the project work.

### **Review Committee will consist of following members.**

- Director (PH), Medical & Health Services, Raj., Jaipur
- Additional Director(RH), Medical & Health Services, Raj., Jaipur
- OSD (PH), (PH), Medical & Health Services, Raj., Jaipur
- Nodal Officer fluorosis, Medical & Health Services, Raj., Jaipur
- Accountant SHS (NVBDPC), Medical & Health Services, Raj., Jaipur
- Deputy Director (HR)

Review Committee will review and monitor the effectiveness of working of the Individual. All final out puts submitted by the Individual .

