Foundation for Inclusive & Sustainable Habitats
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CIN – U90009KA2018NPL112926

TERMS OF REFERENCE (ToR)

Short-term Consultancy: Occupational Health and Safety Protocol for Sanitation Workers, including Design of a Health Camp Programme

Action Area: Sanitation Worker Safety and Occupational Health

Location: Chikkaballapura, Karnataka. The assignment is desk-based and delivered remotely, with virtual consultations and interviews.

About FISH

The Foundation for Inclusive and Sustainable Habitats (FISH) is a Section 8 not-for-profit organisation based in Bangalore, India. FISH works with small and medium urban local bodies (ULBs) across India to improve water, sanitation and solid waste management services, combining policy advisory, technical design and field implementation.

A central concern of this work is the condition of the workers who deliver these services. FISH works with ULBs, sanitation workers and their organisations to improve safety, dignity and working conditions in sanitation and solid waste operations.

Background

Sanitation and solid waste workers in small towns are exposed to a well-documented set of occupational hazards: faecal and chemical contact, particulate matter and bioaerosols, sharps and crush injuries, hazardous atmospheres in sewers, septic tanks and other confined spaces, heat and prolonged physical strain, and the stigma and stress attached to the work. Most are engaged through contract, informal or intermittent arrangements, which leaves them outside employer-led occupational health systems.

India's guideline framework on this subject is comparatively well developed, and is the basis on which this assignment is to be built. The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 and its rules prohibit hazardous cleaning and prescribe protective equipment and safety devices. The MoHUA standard operating procedure for cleaning of sewers and septic tanks sets out the permitted method, the equipment, the gas testing and the emergency response required before any entry. The NAMASTE scheme provides for profiling, occupational safety training, distribution of PPE and safety devices, and health coverage for sanitation workers and waste pickers. The Solid Waste Management Rules place duties on the ULB in respect of worker safety, and CPHEEO manuals, DGFASLI and national occupational health guidance set out the technical content. Supreme Court directions, including those in the manual scavenging line of cases, and National Green Tribunal orders have repeatedly reinforced these obligations.

Practice lags the framework. Protective equipment is procured but not matched to the task, used or replaced; safety procedures exist on paper but not as instructions a supervisor can apply at the point of work; health camps are run as one-off events, with screening content decided by whichever provider is available, results handed over on loose paper, no retained record, and no referral follow-up. The ULB consequently cannot demonstrate compliance, and the worker gains little.

FISH therefore requires a single, consolidated occupational health and safety protocol for sanitation workers in Chikkaballapura, derived from the Indian guideline framework and written as

instructions the City Municipal Council can actually apply, with the health camp programme designed as the instrument through which the health component is delivered. The assignment is to produce the protocol and the instruments, not to conduct assessments, supply equipment or run camps. Established protocols, formats and training content already exist in national guidance, in the work of occupational health institutes, and in published studies of sanitation worker health in India. The consultant is expected to identify, adapt and justify the most suitable of these, rather than develop new instruments where workable ones exist.

Objectives

The purpose of this assignment is to give FISH and the Chikkaballapura City Municipal Council a usable occupational health and safety protocol for sanitation workers, grounded in Indian statutory and scheme requirements, together with the instruments to apply it. The specific objectives are to:

- **Consolidate the applicable Indian framework into a single protocol:** Translate the requirements of the Manual Scavengers Act 2013 and rules, the MoHUA SOP for cleaning of sewers and septic tanks, the NAMASTE scheme, the Solid Waste Management Rules, CPHEEO and national occupational health guidance, and applicable Karnataka directions into one protocol that states what the ULB must do, for which category of worker, how often, and with what record.
- **Specify the safety component:** Define hazard and task mapping, personal protective equipment and safety devices by task, safe operating procedures for hazardous tasks including confined-space work, emergency response and reporting, and the training and induction required, in each case referenced to the governing Indian guideline.
- **Specify the health component and the health camp programme:** Define the occupational health assessment content, a justified and costed investigation panel, consent, confidentiality and record-keeping, frequency, staffing and referral pathways; and design the health camp programme through which these are delivered, including format, staffing and partner options, logistics, mobilisation, indicative cost per camp and per worker, follow-up and aggregate reporting.

Scope of work

The assignment is entirely desk-based. It is to be delivered through review of the Indian guideline framework, existing protocols and published literature, supported by virtual consultations and interviews with FISH, ULB officials, sanitation worker representatives and workers, and subject-matter experts. No field visit is envisaged or payable. The consultant will not conduct health assessments, examine workers, procure equipment or run camps under this assignment.

Main Task 1: Review of the Indian Framework and Workforce Context
To establish what the Indian guideline framework requires, what instruments already exist for adaptation, and what the sanitation workforce and current practice look like.

Sub-task 1.1: Review of the Indian Guideline Framework

- Review and consolidate the statutory, scheme and technical framework governing sanitation worker health and safety, including the Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 and rules; the MoHUA standard operating procedure for

cleaning of sewers and septic tanks; the NAMASTE scheme and its provisions on profiling, training, PPE and safety devices, and health coverage; the Solid Waste Management Rules; CPHEEO manuals and advisories; DGFASLI and national occupational health guidance; applicable Karnataka Government and board directions; and the operative Supreme Court and National Green Tribunal directions.

- Present the result as a compliance matrix setting out, for each requirement, the source, what the ULB must do, which category of worker it applies to, the frequency, the record or evidence required, and the consequence of non-compliance. This matrix is to be the spine of the protocol.
- Review existing occupational health and safety protocols, assessment instruments, PPE specifications and training content already in use, including those of occupational health institutes, medical colleges, other ULBs, NSKFDC and NAMASTE implementing agencies, and published studies of sanitation and waste worker health in India, and assess their suitability for adaptation.
- Review the health entitlements and service providers available to workers, including the public health system, ESIC and Ayushman Bharat coverage where applicable, and employer or contractor obligations, as these determine where referral can realistically lead and what the ULB has to pay for.

Sub-task 1.2: Workforce and Practice Assessment (Virtual)

- Characterise the sanitation workforce from ULB and contractor records supplied by FISH and from virtual consultation, including categories of work (street sweeping, drain and sewer work, septic tank desludging, waste collection, processing and disposal site work), numbers, employment arrangement, gender composition, shift patterns and work locations, as these determine exposure, the protocol and the camp design.
- Document current practice against the compliance matrix, including the protective equipment and safety devices actually provided and used, training and induction given, immunisation, incident history and reporting, and any prior health screening, including what was done in earlier camps and what became of the results.
- Conduct virtual interviews with sanitation worker representatives and a small number of workers on their experience of protective equipment, safety practice and previous health camps, what deterred or helped participation, and concerns about confidentiality, timing and loss of wages, and reflect these in the protocol and the camp design. Interviews shall be conducted in Kannada where required, with FISH arranging introductions and connectivity.

Main Task 2: Occupational Health and Safety Protocol
To produce the protocol itself, covering both the safety and the health components, with every requirement referenced to its governing Indian guideline.

Sub-task 2.1: Hazard Mapping, Protective Equipment and Safe Operating Procedures

- Map the hazards and exposures associated with each category and task of sanitation work, and assess the risk of each by likelihood and consequence, as the basis for the controls that follow.
- Specify the personal protective equipment and safety devices required for each task, with the governing specification, the basis of issue, replacement frequency, fit, storage, cleaning

and inspection arrangements, and the record of issue to be maintained, referenced to the Manual Scavengers Rules, the MoHUA SOP and the NAMASTE provisions.

- Prepare safe operating procedures for the hazardous tasks, including entry into sewers, septic tanks and other confined spaces where unavoidable and legally permitted, covering the prohibition on manual entry and the mechanised alternatives, the permit-to-work arrangement, gas testing, ventilation, standby and rescue arrangements, and supervision, written as instructions a supervisor can apply at the point of work rather than as a restatement of the guideline.
- Specify the emergency response, incident reporting and investigation arrangement, including the immediate action on an incident, the reporting chain and timelines, the statutory intimation required, and the record to be kept.
- Specify the induction and periodic training required for each category of worker and for supervisors, with the content, duration and frequency, and identify existing NAMASTE or state training material that can be adopted rather than written afresh.

Sub-task 2.2: Occupational Health Assessment Content

- Define the components of the health assessment, covering occupational and medical history, exposure history by category of work, symptom screening across the relevant systems including respiratory, dermatological, musculoskeletal, ophthalmic, gastrointestinal and injury, and the clinical examination to be performed, with a standard recording format for each.
- Propose a justified set of investigations, distinguishing a core panel to be offered to every worker from an extended panel offered on indication or by category of exposure, with the reason for each test, its approximate cost, where it can be processed locally, and what action each result triggers. Tests that cannot be acted on locally shall not be included.
- Address immunisation and preventive measures, including what is to be checked, what is to be offered, and through which existing public health channel it is to be delivered.
- Set out explicitly what the protocol does not cover and what falls outside a camp setting, so that neither the ULB nor workers are led to expect a diagnostic service the protocol cannot provide.

Sub-task 2.3: Consent, Confidentiality, Records and Referral

- Prepare a consent process and consent form in English, drafted in plain language and in short sentences so that FISH can have it translated into Kannada without redrafting, covering what is assessed, what is recorded, who sees the result, and the worker's right to decline any component without consequence for their employment.
- Specify the confidentiality and data protection arrangements, including who holds individual records, what the ULB and employer may and may not be told, how results are communicated to the worker individually, and how aggregate reporting is anonymised.
- Design the record system, including an individual health and safety record or card retained by the worker, the corresponding registers to be maintained by the ULB covering health assessment, PPE issue, training and incidents, the minimum data fields, and how records are carried forward so that a worker's results can be compared across rounds rather than starting afresh each time.

- Recommend the frequency of health assessment by category of worker and exposure, the qualifications and composition of the team required to administer each component, the referral pathway for each category of finding naming the facility type, the entitlement or scheme under which care is to be sought, responsibility for follow-up and the expected timeframe, and the handling of an urgent finding during a camp.

Main Task 3: Health Camp Programme Design and Toolkit
To set out how the health component is delivered as a recurring programme the ULB can run and repeat, and to compile the instruments.

Sub-task 3.1: Camp Design, Costing and Follow-up

- Propose the camp format, frequency, duration and location, taking account of shift patterns, wage loss, distance and the seasonal pattern of work, and specify the number of workers that can be assessed per camp day under the proposed staffing.
- Specify the staffing and partner arrangement, including the clinical and support personnel required, the options for sourcing them (public health facility, medical college, occupational health institute, empanelled provider, NAMASTE implementing agency or NGO partner), and what each option implies for cost, continuity and quality; and specify the equipment, consumables, space and layout required, including the arrangement needed to preserve privacy during examination and counselling, and sample handling and turnaround.
- Design the camp-day flow from registration to exit counselling, with the information given to each worker at exit, including their own result in a form they can keep and understand; and prepare a mobilisation and communication approach, informed by the worker interviews, covering how workers are informed and encouraged to attend and how wage loss and timing concerns are addressed.
- Prepare an indicative cost per camp and per worker assessed, disaggregated by personnel, investigations, consumables, logistics and record-keeping, with a comparison of the sourcing options and an indication of which scheme or budget line, including NAMASTE and ULB heads, each component could be charged to.
- Set out the follow-up arrangement after the camp, including how referrals are tracked to closure, how findings inform protective equipment, work practice or rotation decisions at the ULB, and how aggregate findings are reported without identifying individuals.

Sub-task 3.2: Toolkit

- Compile the usable instruments as an annexed toolkit, in English and in editable form, including the compliance matrix, hazard and risk register, PPE schedule and issue register, safe operating procedures and permit-to-work format, incident reporting format, training outline and attendance format, health assessment and recording formats, consent form, worker health and safety record or card, camp register, exit counselling note and a one-page camp checklist.

Deliverable

The consultancy will accomplish the following single deliverable:

Deliverable	Timeline	Payment
Occupational Health and Safety Protocol for Sanitation Workers, with Health Camp Programme Design and Toolkit A single consolidated report covering: the compliance matrix derived from the Indian guideline framework; the workforce and current-practice assessment; the safety component, comprising hazard and risk mapping, PPE and safety device schedule, safe operating procedures for hazardous tasks, emergency response and incident reporting, and training requirements; the health component, comprising assessment content, the justified and costed investigation panel, consent, confidentiality and records, frequency, staffing and referral pathways; the health camp programme design with staffing and partner options, logistics, mobilisation, indicative cost per camp and per worker, follow-up and aggregate reporting; an executive summary of not more than 4 pages; the annexed toolkit of instruments in English and in editable form; and a presentation of the protocol and camp design to FISH.	15 December 2026	100% of the contract value

There are no interim deliverables or review stages. All instruments shall be supplied in editable form.

Qualifications and experience

The assignment requires a consultant or team able to combine occupational health and safety competence with practical knowledge of how a small-town ULB and its sanitation workforce operate.

- Minimum 5 years of experience in occupational health and safety, public health or community health programme design. The team must be a legally registered entity or comprise qualified individuals.
- A qualified medical or public health professional (MBBS, MD, MPH or equivalent) responsible for the clinical content of the protocol. Experience in occupational health or industrial hygiene is strongly preferred.
- Demonstrated experience of occupational health and safety protocol development, health screening or health camps in a field setting, preferably with informal, contract or sanitation workers.

- Working knowledge of the Indian framework governing sanitation worker safety, including the Manual Scavengers Act 2013 and rules, the MoHUA SOP for cleaning of sewers and septic tanks, the NAMASTE scheme, and ESIC and Ayushman Bharat entitlements.
- Ability to conduct consultations and interviews in Kannada, to prepare the protocol and all instruments in English, and to work virtually with worker representatives and ULB officials.

Duration and notice period

The contract period for this assignment is 1 December 2026 to 15 December 2026.

Either party may terminate the contract in writing at any time before acceptance of the deliverable. On termination by FISH other than for misconduct, the consultant shall be paid for the work completed up to that point, as assessed by FISH.

Terms of payment

The maximum estimated value of this assignment is INR 4,00,000 (Rupees Four Lakh only) plus applicable GST. Payment will be made as per FISH's policy in a single instalment of 100% of the contract value, on satisfactory completion and acceptance of the deliverable together with the complete toolkit in editable form.

No advance payment will be made. The fee quoted shall be inclusive of all costs of review and analysis, virtual consultations and interviews, personnel, reporting and the final presentation. The assignment is entirely desk-based: no field visit, clinical examination, investigation, equipment supply or camp is to be conducted under this assignment, and no such costs shall be quoted or paid. GST shall be shown separately and will be paid at the applicable rate against a valid tax invoice. Taxes shall be deducted at source as required under Indian law.

Reporting requirements

The consultant will report to the designated Programme Lead at FISH. ULB records, introductions to worker representatives and the scheduling of virtual interviews will be arranged by FISH at the start of the assignment.

Ethics and worker protection

All engagement with workers under this assignment shall be voluntary and based on informed consent, and no individual health or personal information shall be recorded or reported in identifiable form. Workers interviewed in the course of designing the protocol are informants, not subjects of assessment, and shall not be examined or tested. The protocol itself shall be designed so that participation is voluntary, results belong to the worker, and no finding can be used to penalise a worker or affect their employment. Nothing in the protocol shall be framed in a way that normalises or facilitates hazardous manual cleaning prohibited under the Act.

Proposal

Proposals shall consist of two parts only: an experience and methodology note, and the filled proposal template at Annexure 1.

Experience and methodology note (1-2 pages)

The note shall cover, briefly and without elaboration:

- Relevant experience of the applicant and the key expert, with comparable assignments listed in the proposal template
- Familiarity with the Indian framework listed above, and the existing protocols and instruments proposed for adaptation
- The proposed approach to the investigation panel and to the staffing and partner model for camps
- The approach to consent, confidentiality and records, and to conducting the worker interviews virtually
- A short workplan within the period 1 to 15 December 2026

Notes longer than two pages will be read only to the second page.

Financial proposal

The quoted fee shall be entered in the proposal template at Annexure 1, with the breakdown of expert days and rates, any other costs, and GST shown separately. Costs of field visits, clinical examination, investigations, equipment, translation or conducting camps shall not be included.

Evaluation criteria

All eligible proposals will be evaluated on two parameters only:

Criteria	Maximum score	Details / Evaluation basis
Experience and methodology	50	Relevant experience of the applicant and the key expert in occupational health and safety protocol development, health camps and work with sanitation or informal workers; familiarity with the Indian statutory and scheme framework; and the quality of the proposed methodology as set out in the 1-2 page note, including the protocols proposed for adaptation, the approach to the investigation panel and staffing model, and the approach to consent, confidentiality and records.
Cost	50	The fee quoted by the applicant. The lowest compliant quoted fee receives the full score; other proposals are scored in proportion to it.

The proposal with the highest total score out of 100 will be awarded the assignment. Proposals exceeding the estimated value of the assignment may be rejected or negotiated at the discretion of FISH.

Method of application

Applicants are requested to apply before 30 November 2026 (11:59 PM IST). The assignment will be awarded on 1 December 2026. Applications shall be sent to aseem@fish-india.org with the following documents:

1. Experience and methodology note of 1-2 pages.

2. Filled proposal template at Annexure 1, including the quoted fee.
3. Qualification certificate of the key medical or public health expert, supporting documents evidencing the experience claimed, and GST registration.

Confidentiality and ownership

All reports, notes, instruments and toolkit material developed under this assignment shall be the property of FISH, and shall be made freely available for use by the Chikkaballapura City Municipal Council, other partner ULBs and worker organisations. All sources used shall be referenced, and every requirement in the protocol shall carry the Indian guideline provision from which it derives. Any individual worker information encountered in the course of the assignment shall be treated as confidential and shall not be recorded or reported in identifiable form.

Diversity, equity and inclusion

FISH's consultant selection process is based on the qualifications and competence of the applicants. FISH is committed to promoting diversity, equity and inclusion, and offers equal opportunities to applicants from all backgrounds, including but not limited to gender, age, national origin, religion, race, caste, ethnicity, sexual orientation, disability or social status. FISH is dedicated to upholding a safe working environment in which all those engaged can participate without fear of violence, harassment, exploitation or intimidation.

Termination of RFP/ToR

FISH reserves the right to modify or terminate this ToR at its own discretion at any time without prior cause or notice to the bidders. Any costs incurred in the preparation of a proposal shall be borne by the bidder.

Annexure 1: Proposal Template

I / We hereby offer to submit our proposal for the assignment titled "Short-term Consultancy: Occupational Health and Safety Protocol for Sanitation Workers, including Design of a Health Camp Programme."

No.	Parameters	Particulars / Description
1	Name and address of the firm / institution / individual	Name: Address: Email: Mobile: Registration / GST no.:
2	Experience and qualification *(Attach supporting documents)*	Years of relevant experience: Key expert and qualification (MBBS / MD / MPH or equivalent): Registration no. of the medical professional, if applicable:
3	Comparable assignments *As described in the ToR*	Assignment 1: Client: Year: Work carried out: Assignment 2: Client: Year: Work carried out: Add more if available
4	Experience and methodology note	Attached (1-2 pages): Yes / No
5	Language capability	Able to conduct interviews in Kannada and prepare the protocol and instruments in English: Yes / No
6	Bid price *Attach a sheet for the working if necessary*	Expert days and daily rates: Any other costs (item, unit, quantity, rate): Fee excluding GST: GST at applicable rate: Total quoted value including GST: Payable as a single instalment of 100% on acceptance of the deliverable.

We certify that the above particulars are correct, and we understand and agree that if any statement is found to be false or incorrect, FISH reserves the right to reject our application. We further certify that, if selected, we shall avoid any conflict of interest and shall maintain confidentiality.

Name	
Designation	
Date	
Signature	

Affix organisation seal if available.