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| **Zonal Maternal, Newborn and Child Health Coordinators****UNICEF FIELD OFFICE FOR UTTAR PRADESH** |
| **UNICEF**  |
| Location: **Allahabad, Kanpur, Agra, Gorakhpur, Faizabad and Meerut** |

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|  |  | Apply by: 03.02.2017  |

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| **POSITION:** Consultant for **Zonal Maternal, Newborn and Child Health Coordinators** **LOCATION: Allahabad, Kanpur, Agra, Gorakhpur, Faizabad and Meerut****DURATION:** 10 Months**CLOSING DATE:**03.02.20171. **Background**

UP with a population of around 200 million, is the most populous state of India. The maternal and child health indicators in the state lag behind the national indicators. According to SRS 2014, IMR in UP is 48/1000 live births as compared to 39/1000 in India and neonatal mortality rate is 32/1000 live births as compared to 26/1000. The under-five mortality rate is also high at 57/1000 as compared to 45/1000 in the country. However, the state has been making steady progress as a result of sustained efforts under NHM and UP is the state that has had the sharpest decline in all mortality rates across all Indian states. The full immunization coverage has also increased in the state from 23 percent in 2005-06 (NFHS-3) to 60.5 percent in 2015-16 (RICA 2015-16).UNICEF supports Government of Uttar Pradesh in strengthening implementation of key maternal, newborn and child health programmes. This includes Facility Based Newborn Care, Home Based Newborn Care, Labour room Strengthening, Routine Immunization strengthening, IAPPD implementation etc. UNICEF is working in collaboration with medical colleges and SMNet for many of these interventions. Based upon request from Government of Uttar Pradesh, the scope of UNICEF support has increased from five focus districts to all 75 districts across Uttar Pradesh from 2015 which is reflected in the RWP for 2016-17. UNICEF has also initiated the process for Country Programme Development for 2018-22 and the focus will be on scaling up support in high burden states. In line with the above, UNICEF requires services of technically qualified zonal coordinators (one per two divisions) to effectively coordinate UNICEF support to GoUP across the state for the above mentioned interventions.1. **Programme and Specific Project Involved**

RCH programme: Output 1.17 Governments and partners scale up programmes to deliver quality maternal and newborn care services, with focus on reducing neonatal deaths prioritizing the most vulnerable communities and groupsRCH programme: Output 1.18 Scale up programmes to provide integrated approaches of common childhood illnesses with focus on Pneumonia, Diarrhea and pediatric HIV reaching out to most marginalized population.RCH programme: Output 1.19 (Governments and partners can scale up programmes to increase equitable coverage of full immunization against vaccine preventable diseases) 1. **Purpose and rationale:**

In 2016, a number of activities were undertaken by UNICEF to support government of Uttar Pradesh in strengthening of various maternal, newborn and child health programmes.As part of FBNC strengthening, UNICEF provided technical support to GoUP in establishment of SNCUs. At present 62 SNCUs are functional across the state and by the end of the year a total of 78 SNCUs will be functional. UNICEF does QA monitoring at functional SNCUs and provides feedback to GoUP for corrective action. SNCU online MIS was rolled out in 24 SNCUs and has to be scaled up to all functional SNCUs in 2017. In November 2015, UNICEF rolled out HBNC supportive supervision in all 75 districts of Uttar Pradesh in collaboration with twelve medical colleges. Programme review at all levels has been a key strategy adopted by UNICEF and this has led to HBNC becoming one of the top priorities of GoUP. There is a need for higher level technical support at zonal level for sustained advocacy for the programme.UNICEF supported conduction of Effective Vaccine Management assessment in 2016 and the findings were used to prepare improvement plans which are being implemented across all the cold chain points of the state. Real time concurrent monitoring of implementation of these plans was initiated in September 2016 in collaboration with medical colleges and SMNet across 75 districts of Uttar Pradesh. In 2017, this needs to be continued for bringing about improvement in cold chain as per EVM global standards. UNICEF also supported establishment of cold chain demonstration sites in focus districts in 2014-15. This model will be scaled up to all 75 districts in the state in 2017.UNICEF supported strengthening of labour rooms in five focus districts. Encouraged by the results, GoUP is keen to upscale this intervention to all 75 districts with UNICEF support. UNICEF would require technical coordinators at zonal level to effectively support this intervention.UNICEF has provided capacity building support to frontline functionaries and programme managers in focus districts on diarrhea and pneumonia programme in 2016. This capacity building initiative will be scaled up to all 75 districts in 2017.All the above mentioned interventions would require strong technical inputs at the field level and therefore UNICEF requires services of nine zonal maternal and child health coordinators (one per two divisions). The specific focus will be to provide technical and managerial support to the offices of additional directors.1. **Scope of Work**

Zonal coordinators will be responsible for the following specific tasks* Facility Based Newborn Care
	+ Monitor SNCUs in their districts, share feedback with concerned authorities and support corrective actions
	+ Provide technical support in establishment of NBSUs, monitor quality and provide feedback for corrective actions
	+ Maintain a database of training status of HR posted at SNCUs and ensure that all SNCU personnel are trained in standard FBNC trainings.
	+ Coordinate activities for linkage of facility and community based newborn care programmes in respective districts.
	+ Coordinate roll out of SNCU online MIS in respective districts.
* Home Based Newborn Care
	+ Coordinate planning and ensuring conduction of monitoring visits of Divisional Monitors and District Coordinators as per guidelines.
	+ Supportive supervision of Divisional monitors to ensure quality of data generated through their visits.
	+ Analyze division and district wise data, presentations and factsheets and identify specific issues and action points for sharing with government.
	+ Provide technical support to divisional monitors during Divisional and District HBNC review meetings.
* Maternal Health
	+ Monitor all L3 high load delivery points in the zone, share feedback and support corrective actions
	+ Coordinate planning and ensuring conduction of monitoring visits of Divisional Monitors, District Coordinators and government monitors to L1 and L2 HLDPs as per guidelines.
	+ Supportive supervision of Divisional monitors to ensure quality of data generated through their visits.
	+ Plan for and facilitate capacity building of government monitors on labour room monitoring.
	+ Analyze division and district wise data, presentations and factsheets and identify specific issues and action points for sharing with government.
	+ Provide technical support to divisional monitors during Divisional and District review meetings.
	+ Analyze MDR data and provide feedback to district and divisional authorities to facilitate increase in notification and investigation of maternal deaths.
	+ Participate in MDR review meetings and ensure that MDR data is used for improving maternal health programme in the districts.
* Routine Immunization
	+ Monitor regional and divisional vaccine stores in their zone every month, share feedback and support corrective actions
	+ Coordinate planning and ensuring conduction of monitoring visits of Divisional Monitors and District Coordinators to district and block vaccine stores as per guidelines.
	+ Supportive supervision of Divisional monitors to ensure quality of data generated through their visits.
	+ Analyze division and district wise data, presentations and factsheets and identify specific issues and action points for sharing with government.
	+ Provide technical support to divisional monitors during Divisional and District review meetings.
	+ Coordinate establishment of cold chain demonstration sites in all districts of their zones.
* Diarrhea and Pneumonia Programme
	+ Coordinate conduction of trainings of frontline functionaries on diarrhea and pneumonia programme in all districts of the zone
	+ Coordinate implementation of Diarrhea/Pneumonia MIS in the districts of the zone.
* Coordinate capacity building of SMNet on relevant programmatic areas like Routine Immunization, Diarrhea/Pneumonia etc.
* Documentation
	+ Coordinate documentation of best practices, innovations, human interest stories.
* PIP Implementation tracking
	+ Track status of PIP implementation for selected activities on a monthly basis and share feedback with districts and UNICEF.
* Partnerships- Collaborate with partners externally and internally for effective coordination.
* The zonal coordinators will coordinate this support primarily through strong technical and managerial support to additional directors.
1. **Sustainability**

The ultimate objective of this model will be to contribute to Health System Strengthening in Uttar Pradesh. There will be focus on ensuring sustainability of this model right from the beginning. There will be efforts to build capacity of zonal coordinators, and through them, to build technical and managerial capacities of government at division and district levels. The special focus will be to build on the convening power of additional directors.1. **Supervision and Reporting**

Health Specialist, UNICEF office for Uttar Pradesh1. **Methodology**
* The coordinator will work from the office situated in office of Additional Directors of the headquarter district as indicated in the table below:

| * **Divisions**
 | * **Headquarter**
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| * Allahabad/Chitrakoot
 | * Allahabad
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| * Kanpur/Jhansi
 | * Kanpur
 |
| * Agra/Aligarh
 | * Agra
 |
| * Gorakhpur/Azamgarh
 | * Gorakhpur
 |
| * Faizabad/Gonda
 | * Faizabad
 |
| * Meerut/Saharanpur
 | * Meerut
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* The coordinator will achieve the assigned tasks through good coordination and networking with State, division and district health officials (primarily through strong technical and managerial support to additional directors), partners, field coordinators and UNICEF office for Uttar Pradesh.
1. **Deliverables**

Following are the monthly deliverables against accomplishment of which the payments will be made**March*** Monitoring plan of divisional monitors finalized.
* Attend at least one divisional review meeting chaired by Divisional Commissioner. Minutes shared and approved
* Attend at least two district review meetings chaired by District Magistrate. Minutes shared and approved
* Undertake at least three supportive supervision visits for on the job support to divisional monitors. Reports shared.
* Undertake at least three monitoring visits (SNCU, labour room, RVS/DivVS).
* Quality techno-managerial support provided to additional directors of assigned divisions.

**April*** Monitoring plan of divisional monitors finalized.
* Attend at least one divisional review meeting chaired by Divisional Commissioner. Minutes shared and approved
* Attend at least two district review meetings chaired by District Magistrate. Minutes shared and approved
* Undertake at least three supportive supervision visits for on the job support to divisional monitors. Reports shared.
* Undertake at least three monitoring visits (SNCU, labour room, RVS/DivVS).
* Quality techno-managerial support provided to additional directors of assigned divisions.

**May*** Monitoring plan of divisional monitors finalized.
* Attend at least one divisional review meeting chaired by Divisional Commissioner. Minutes shared and approved
* Attend at least two district review meetings chaired by District Magistrate. Minutes shared and approved
* Undertake at least three supportive supervision visits for on the job support to divisional monitors. Reports shared.
* Undertake at least three monitoring visits (SNCU, labour room, RVS/DivVS).
* Quality techno-managerial support provided to additional directors of assigned divisions

**June*** Monitoring plan of divisional monitors finalized.
* Attend at least one divisional review meeting chaired by Divisional Commissioner. Minutes shared and approved
* Attend at least two district review meetings chaired by District Magistrate. Minutes shared and approved
* Undertake at least three supportive supervision visits for on the job support to divisional monitors. Reports shared.
* Undertake at least three monitoring visits (SNCU, labour room, RVS/DivVS).
* Quality techno-managerial support provided to additional directors of assigned divisions.

**July*** Monitoring plan of divisional monitors finalized.
* Attend at least one divisional review meeting chaired by Divisional Commissioner. Minutes shared and approved
* Attend at least two district review meetings chaired by District Magistrate. Minutes shared and approved
* Undertake at least three supportive supervision visits for on the job support to divisional monitors. Reports shared.
* Undertake at least three monitoring visits (SNCU, labour room, RVS/DivVS).
* Quality techno-managerial support provided to additional directors of assigned divisions.

**August*** Monitoring plan of divisional monitors finalized.
* Attend at least one divisional review meeting chaired by Divisional Commissioner. Minutes shared and approved
* Attend at least two district review meetings chaired by District Magistrate. Minutes shared and approved
* Undertake at least three supportive supervision visits for on the job support to divisional monitors. Reports shared.
* Undertake at least three monitoring visits (SNCU, labour room, RVS/DivVS).
* Quality techno-managerial support provided to additional directors of assigned divisions.

**September*** Monitoring plan of divisional monitors finalized.
* Attend at least one divisional review meeting chaired by Divisional Commissioner. Minutes shared and approved
* Attend at least two district review meetings chaired by District Magistrate. Minutes shared and approved
* Undertake at least three supportive supervision visits for on the job support to divisional monitors. Reports shared.
* Undertake at least three monitoring visits (SNCU, labour room, RVS/DivVS).
* Quality techno-managerial support provided to additional directors of assigned divisions.

**October*** Monitoring plan of divisional monitors finalized.
* Attend at least one divisional review meeting chaired by Divisional Commissioner. Minutes shared and approved
* Attend at least two district review meetings chaired by District Magistrate. Minutes shared and approved
* Undertake at least three supportive supervision visits for on the job support to divisional monitors. Reports shared.
* Undertake at least three monitoring visits (SNCU, labour room, RVS/DivVS).
* Quality techno-managerial support provided to additional directors of assigned divisions.

**November*** Monitoring plan of divisional monitors finalized.
* Attend at least one divisional review meeting chaired by Divisional Commissioner. Minutes shared and approved
* Attend at least two district review meetings chaired by District Magistrate. Minutes shared and approved
* Undertake at least three supportive supervision visits for on the job support to divisional monitors. Reports shared.
* Undertake at least three monitoring visits (SNCU, labour room, RVS/DivVS).
* Quality techno-managerial support provided to additional directors of assigned divisions.

**December*** Monitoring plan of divisional monitors finalized.
* Attend at least one divisional review meeting chaired by Divisional Commissioner. Minutes shared and approved
* Attend at least two district review meetings chaired by District Magistrate. Minutes shared and approved
* Undertake at least three supportive supervision visits for on the job support to divisional monitors. Reports shared.
* Undertake at least three monitoring visits (SNCU, labour room, RVS/DivVS).
* Quality techno-managerial support provided to additional directors of assigned divisions.
1. **Geographical scope**

The consultants will be placed in the divisional headquarters as mentioned in the table above with travel to district within the two assigned divisions.1. **Responsibilities of the consultant**
* The consultant must technically update himself / herself of the current knowledge regarding data management.
* The intellectual property rights of documents produced during the assignment rest with UNICEF.
1. **Responsibilities of UNICEF**
* UNICEF will provide the consultant with access to project specific documents that would aid in gaining a better understanding of the project.
* UNICEF will support the consultant in accessing the relevant government officials involved in the management of the program at State and District level.
1. **Duration:**

01 March 2017 to 31 December 20171. **Qualifications sought for the contractor/consultant**
* MBBS with 5 years of progressive managerial experience at district and/or State level will be essential. Candidates having MD (community Medicine) and MPH will be given preference
* Knowledge/familiarity with the national flagship programmes (NRHM) and experience of working with government sector will be an asset.
* Good understanding of social mobilization and behavior change approaches.
* Strong written & oral English and Hindi communication skills and ability to make effective presentations
* Good analytical, negotiation, communication and advocacy skills
* Good working knowledge of computer application especially MS Office

**13.  APPLICATION PROCEDURES**1.     Qualified female/male candidates are requested to please indicate their ability and availability to undertake the terms of reference above.2.     Your application should be sent to: cv@unicefup.org by COB 03/02/2017 with subject line “**Zonal Maternal, Newborn and Child Health Coordinators – With your preferred list of locations** “ in separate files consisting of -* An application letter including information on where you have seen this advertisement.
* Curriculum Vitae (CV)
* P11 form (available at our website - [http://www.UNICEF.org/india/overview\_1440.htm](http://www.unicef.org/india/overview_1440.htm))
* A financial proposal in PDF format mentioning your name and indicating deliverable based fee ( as per template attached)

3.     Please mention your name in all the files while saving.Date of the Written Test will be informed to you later. **9.  SELECTION PROCEDURE:**1.     The selection will be on the basis of technical evaluation & financial proposal in the ratio of 80:20.2.     The criteria for technical evaluation is as follows:

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| **EVALUATION CRITERIA** | **Max Scores** | **Min Scores** |
| Educational Qualifications  | 10 | 6 Essential - 6 marks for MBBS, Desirable - 4 Marks for MD or equivalent and 2 marks for Diploma if not MD |
| Relevant Experience | 10 | 6 |
| Written Test | 30 | 18 |
| ***Phase1. Scores to shortlist for Interview*** | ***50*** | ***30*** |
| Interview (Telephone) | 30 | 18 |
| ***Phase 2. Scores to qualify in Technical Evaluation*** | ***80*** | ***48*** |

3.     Minimum qualifying mark for Technical Proposal will be 48 i.e. 60% of the total score.4.     Evaluation will happen in two phases.Phase 1 – shortlisting candidates for interviewPhase 2 – Qualifying candidates technically, based on the overall scores5.     The financial proposals of only those candidates, who are found technically qualified / responsive, will be opened.6.     Payment will be made against receipt and satisfactory acceptance of deliverables.**10.  NOTE:**1. Any attempt to unduly influence UNICEF’s selection process will lead to automatic   disqualification of the applicant.
2. Joint applications of two or more individuals are not accepted.
3. UNICEF does not charge any fee during any stage of the process.

For any clarifications, please contact:Rohit BhattacharyaUNICEF Office for Uttar Pradesh, B-3/258,Vishal Khand, Gomti Nagar, Lucknow 226 010, Uttar Pradesh, India.Phone 91-522-4093333 Ext: 110Fax 91- 522- 4093322E-mail: rbhattacharya@unicef.orgWebsite: <http://www.unicef.in>  |

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