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| **INSTRUCTIONS**  Please answer each question clearly and completely. **Type or print in ink.** Read carefully and follow all directions. | | | | | | | | | | | **UNITED**  **NATIONS**  **PERSONAL HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Do Not Write in This Space** | | | | | | | | | | |
| **1.** Family name | | | | | | | | | | | | | | First name | | | | | | | | | | | | | | | Middle name | | | | | | | | | | | | Maiden name, if any | | | | | | | | | | | | |
| **2.** Date  of  Birth | | Day | | Mo. | | | Yr. | | | **3.** Place of birth | | | | | | | | | | | **4.** Nationality (ies) at birth | | | | | | | | | | | | | | | | **5.** Present nationality (ies) | | | | | | | | | | | | | | | **6.** Sex | |
| **7.** Height | | | **8.** Weight | | | | **9.** Marital status:  Single | | | | | | | | | | Married | | | | | | | Separated | | | | | | | | | | | | Widow(er) | | | | | | | | | | | Divorced | | | | | |
| **10.** | Entry into United Nations service might require assignment and travel to any area of the world in which the United Nations might have responsibilities. Have you any disabilities which might limit your prospective field of work or your ability to engage in air travel? YES  NO If “yes”, please describe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **11.** Permanent address | | | | | | | | | | | | | | | | | | **12.** Present address (if different) | | | | | | | | | | | | | | | | | | | | **13.** Office Telephone No. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Office Fax. No  E-mail: | | | | | | | | | | | | | | | |
| Telephone No. | | | | | |  | | | | | | | | | | | | Telephone/Fax No. | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **15.** Have you any dependents? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | YES NO  If the answer is “yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | Date of Birth | | | | | | | | Relationship | | | | | | NAME | | | | | | | | | | | | | | | | | Date of Birth | | | | | | | | | | Relationship | | | |
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| **16.** Have you taken up legal permanent residence status in any country other than that of your nationality?  If answer is “yes”, which country? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | |
| **17.** Have you taken any legal steps towards changing your present nationality?  If answer is “yes”, explain fully: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | | | | | | | | | | | |  | | | | |
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| **18.** Are any of your relatives employed by a public international organization?  If answer is “yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES NO | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | | | Name of International Organization | | | | | | | | | | | | | | | | | | | | | | | |
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| **19.** What is your preferred field of work? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **20.** Would you accept employment for less | | | | | | | | | | | | | | | | | | | | | | **21.** Have you previously submitted an application for employment with U.N.? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| than six months | | | | | | | YES  NO | | | | | | | | | | | | | | | if so when? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **22.** KNOWLEDGE OF LANGUAGES. What is your mother tongue? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | READ | | | | | | | | | | | WRITE | | | | | | | | | | | | | | | SPEAK | | | | | | | | | | | UNDERSTAND | | | | | | | | |
|  | | | | | | | |  | | | | | | | Not | | | |  | | | | | | | Not | | | | | | | |  | | | | | Not | | | | | |  | | | | | | Not | | |
| OTHER LANGUAGES | | | | | | | | Easily | | | | | | | Easily | | | | Easily | | | | | | | Easily | | | | | | | | Easily | | | | | Easily | | | | | | Easily | | | | | | Easily | | |
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| **23.** For clerical grades only  *Indicate speed in words per minute* | | | | | | | | | | | | | | | | | | | | | | | | | | *List any office machines or equipment*  *you can use* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Typing | | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Shorthand | | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **24.** EDUCATIONAL. Give full details - N.B. Please give exact titles of degrees in original language.  A. UNIVERSITY OR EQUIVALENT Please do not translate or equate to other degrees. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME, PLACE AND COUNTRY | | | | | | | | | | | | | | | | ATTENDED FROM/TO | | | | | | | | | | | DEGREES and ACADEMIC | | | | | | | | | | | | | | | | | MAIN COURSE OF STUDY | | | | | | | | | |
|  | | | | | | | | | | | | | | | | Mo./Year | | | | | Mo./Year | | | | | | DISTINCTIONS OBTAINED | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14 (e.g. high school, technical school or apprenticeship) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME, PLACE AND COUNTRY | | | | | | | | | | | | | | | | TYPE | | | | | | | | | | | | ATTEND FROM/TO | | | | | | | | | | | | | | CERTIFICATES OR | | | | | | | | | | | |
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| **25.** LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **26.** LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (do not attach) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **27.** | EMPLOYMENT RECORD: **Starting with your present post, list in reverse order every employment you have had.** Use a separate block for each post. Include also service in the armed forces and note any period during which you were not gainfully employed. If you need more space, attach additional pages of the same size. Give both gross and net salaries per annum for your last or present post.  A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | | | | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | | | | | EXACT TITLE OF YOUR POST: | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH/YEAR | | | | | MONTH/YEAR | | | | | | | STARTING | | | | | | | | FINAL | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | | | | |
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| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SUPERVISED BY YOU: | | | | | | | | | | | | |  | | | |  | | | | | | | |
| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B. PREVIOUS POSTS *(IN REVERSE ORDER)* | | | | | | |
| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | | |
|  |  |  |  |  | | |
| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | | |
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| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | | |
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|  | | | | NO. AND KIND OF EMPLOYEES | REASON FOR LEAVING: | |
|  | | | | SUPERVISED BY YOU: |  | |
| DESCRIPTION OF YOUR DUTIES | | | | | | |
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| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | | |
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| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | | |
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|  | | | | NO. AND KIND OF EMPLOYEES | | REASON FOR LEAVING |
|  | | | | SUPERVISED BY YOU***:*** | |  |
| DESCRIPTION OF YOUR DUTIES | | | | | | |
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| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | | |
|  |  |  |  |  | | |
| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | | |
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| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | |
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| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | |
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| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | |
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|  | | | | NO. AND KIND OF EMPLOYEES | REASON FOR LEAVING |
|  | | | | SUPERVISED BY YOU: |  |
| DESCRIPTION OF YOUR DUTIES | | | | | |
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| **28.** HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES  NO | | | | | | | | |
| **29.** ARE YOU NOW, OR HAVE TO EVER BEEN, A PERMANENT CIVIL SERVANT IN YOUR GOVERNMENT’S EMPLOY? YES NO | | | | | | | | |
| If answer is “yes”, WHEN? | | | | | | | | |
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| **30.** REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications.  ***Do not repeat names of supervisors listed under item 27.*** | | | | | | | | |
| FULL NAME | | | | FULL ADDRESS | | | | BUSINESS OR OCCUPATION |
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| **31.** STATE ANY OTHER RELEVANT FACTS, INCLUDING INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY | | | | | | | | |
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| **32..** | HAVE YOUR EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED FOR THE VIOLATION OF ANY LAW (excluding minor traffic violations)? YES  NO  If “yes”, give full particulars of each case in an attached statement. | | | | | | | |
|  | | | | | | | | |
| **33**. Please specify from where you came to know about the job advertisement. | | | | | | | | |
| **34.** | I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on a Personal History form or other document requested by the Organization renders a staff member of the United Nations liable to termination or dismissal. | | | | | | | |
|  | DATE: | |  | |  | SIGNATURE : |  | |
|  | | | | | | | | |
| **N.B.** | | You will be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Organization and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the Organization. | | | | | | |
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**TERMS OF REFERENCE (TOR) FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS**

**UNICEF FIELD OFFICE FOR RAJASTHAN**

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| Project/Program Title and RWP Code number: | | | |
| **Background:**  UNICEF Rajasthan has been recipient of GAVI funds as part of Health System’s strengthening and have provided technical support to the state Govt. for roll out of newere vaccines as well as in strengthening of cold chain system. In last 3 years UNICEF have supported Effective Vaccine Management Assessment and also facilitated actions and decisions at various level to narrow the gap in the quality of cold chain maintenance in the state. UNICEF have also supported supportive supervision of cold chain points by building capacity of systems workers and supervisors and have provided support for supportive supervision to almost cold chain points of the state and this has resulted in narrowing the following gaps   1. Documentation of Vaccine Arrival process have now been initiated and being doing regularly 2. Temperature monitoring have now increased to more than 90% even during the holidays from less than 70% 3. Ice pack conditioning space have been created at > 70% cold chain points from <10% 4. Capacity of > 10,000 staff enhanced in three rounds on cold chain preventive maintenance, pentavalent vaccine, IPV vaccine and injection safety using the simple and easy to use modules.   However there are still some gaps and emerging issues with regard to the  **Strategic area of intervention:** Health Systems strengthening   1. Supportive supervision to enhance quality of immunization services in partnerships with state department of health and family welfare and medical colleges. This will include:   Adaption of supportive supervision tools to state specific requirements  Partnerships with medical colleges or other state level organization/ agency  Mentoring visits and support to the immunization program at facility and outreach level  Collation, compilation and sharing of data and reports with district and state governments for quality improvement  To provide technical inputs for roll out of newer vaccines like Rota Virus and Pneumococal vaccine in planning, capacity development and monitoring | | | |
| 1. Purpose of Assignment   To strengthen the ‘Health Systems’ through institution of a mechanism of supportive supervision for immunization programme across the state. | | | |
| 1. Basic objectives of the Assignment: 2. To strengthen supportive supervision of all districts in the state 3. To facilitate capacity building of the supervisors 4. To facilitate and monitor ‘Effective Vaccine Management’ in the state 5. To regularly monitor and review the progress and quality of supportive supervision 6. To compile and submit monthly, quarterly and annual reports 7. To facilitate and provide technical support for roll out of newer vaccines | | | |
| 1. Duty station: Jaipur, Rajasthan. The consultant will be required to travel approximately 100 days within the state and 10 days to Jaipur over the period of the assignment | | | |
| 1. Duration: 15/01/2017 and 31/12/2017 | | | |
| 1. Supervisor: Health Specialist | | | |
| 1. Major tasks and deliverables with timeline: (provide detail and in quantitative terms)   *(Please ensure to keep each task and deliverables/set of deliverables in separate rows)* | | | |
| **Tasks/ Result** | **End Product/ Set of deliverable (s)** | **Time frame** |  |
| **Task 1**   * To develop a plan for conducting Effective Vaccine Management assessment. * To develop a module on Rota Virus vaccine on the lines of capacity building initiative of routine immunization * To build capacity of at least 200 trainers of Rota virus from the cold chain perspective * Assessment of coverage of Immunisation at least 6 districts of Rajasthan to estimated age appropriate immunization | * A detailed plan for conducting EVM endorsed by the Govt. * Rotavirus Module for roll out across the state developed and available. * A training report of 10, A 4 size pages on Rotavirus capacity development of 200 trainers. * Monitoring and Evaluation framework for ‘Supportive Supervision’ initiative for cold chain and MCNH developed and endorsed by Govt. * Brief Monthly progress report for the agreement * Validated Age appropriate Immunization coverage of 6 districts of Rajasthan | April 2017 |  |
| **Task 2**   * To facilitate training for ‘Effective Vaccine Management’ in the state * To monitor progress of ‘Effective Vaccine Management’ * To compile reports of supportive supervision and ‘Effective Vaccine Management’ * Assessment of age appropriate Immunisation in 6 districts of Rajasthan | * A report of Training and completion of EVM in all Districts of Rajasthan with clearly identified bottlenecks, it’s level, criticality and proposed corrective actions with clearly defined levels of responsibility. * A report of age appropriate Immunisation coverage from 6 districts | * July 2017 |  |
| **Task 3**   * Improvement Plan for ‘Effective Vaccine Management’ in the state * To regularly monitor and review the progress and quality of supportive supervision * Assessment of age appropriate Immunisation in 10 districts of Rajasthan | * A document of agreement for removing critical bottlenecks identified on the basis of EVM assessment * A document on improvement after removal of critical bottlenecks. * Age appropriate Immunisation coverage in the entire state. | * Oct 2017 |  |
| **Task 4**   * Compilation of cold chain mentoring report * Compiled comparative document of coverage evaluation with the previous years and a strategy for the state govt with clearly defined actions. | * Compiled report on cold chain mentoring in 30 pages   Compiled and comparative report on previous coverage evaluation and evaluation of 2016 along with the strategy note with clearly defined actions for the state Govt. officials | * Dec 2017 |  |
| 1. Qualification or specialized knowledge/experience required for the assignment :  * Masters’ degree/ diploma in Health management or social work or social sciences or any other relevant area * More than 3 years working experience at the district, divisional or State level on the areas related to immunization * Previous experience working with UN or bilateral agency and State/ Central Government desirable * Language skills required e.g. spoken and written fluency in English and Hindi * Good analytical, negotiating, communication and advocacy skills, report writing skills, negotiating skills * Functional computer knowledge essential | | | |
| 1. Conditions:  * General Terms and Conditions of the Contract | | | |

**Financial Bid**

**INDIVIDUAL CONSULTANT FOR Immunisation (GAVI) HSS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Major Tasks** | **Deliverable (s)** | **UNICEF Estimate** | | **Consultant's Proposal** | |
| **Estimated deadline for completion of deliverable (please mention as days/months)** | **Estimated travel required for completion of deliverable (please mention destination/ number of days)** | **Complete timeframe for deliverable** | **Cost (INR)**  (All inclusive i.e. professional fee, travel, DSA, communication, etc.) |
| **Task 1**   * To develop a plan for conducting Effective Vaccine Management assessment. * To develop a module on Rota Virus vaccine on the lines of capacity building initiative of routine immunization * To build capacity of at least 200 trainers of Rota virus from the cold chain perspective * Assessment of coverage of Immunisation at least 6 districts of Rajasthan to estimated age appropriate immunization | * *A detailed plan for conducting EVM endorsed by the Govt.* * *Rotavirus Module for roll out across the state developed and available.* * *A training report of 10, A 4 size pages on Rotavirus capacity development of 200 trainers.* * *Monitoring and Evaluation framework for ‘Supportive Supervision’ initiative for cold chain and MCNH developed and endorsed by Govt.* * *Brief Monthly progress report for the agreement* * *Validated Age appropriate Immunization coverage of 6 districts of Rajasthan* | April 2017 | 30 |  |  |
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| **Task 3**   * Improvement Plan for ‘Effective Vaccine Management’ in the state * To regularly monitor and review the progress and quality of supportive supervision * Assessment of age appropriate Immunisation in 10 districts of Rajasthan | * A document of agreement for removing critical bottlenecks identified on the basis of EVM assessment * A document on improvement after removal of critical bottlenecks. * Age appropriate Immunisation coverage in the entire state. | * Oct 2017 | 30 |  |  |
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| **TOTAL AMOUNT IN RUPEES** | | | | | |
|  | | | | | |

*Shaded area to be filled in by consultant*

**Name of the Bidder:**

**Address:**

**Contact no.:**

**Email address:**

**Date :**

**TECHNICAL EVALUATION CRITERIA**

**Consultant Immunisation ( GAVI) HSS, RCH**

1 | Educational Qualifications 10 Marks

2 | Relevant Experience 30 marks

3 | Expertise 20 Marks

4 Experience in Bilateral/International/UN agencies 10 Marks

5 | Interview by UNICEF JFO panel of Experts 30 Marks

* Total Score should be 100.
* Minimum overall qualifying score should be 70.