

**UNITED NATIONS CHILDREN’S FUND**

**TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT AND CONTRACTORS**

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| Project/Program Title and RWP Code number: **E Janswasthya Monitoring** |
| 1. Background:
* Department of Medical, Health and Family Welfare and National Health Mission are investing huge amount of money for ensuring tracking of each pregnant women and child, improving interpersonal communication between ANM/AHAS and pregnant women and mother of young children, identification of danger signs amongst pregnant women and sick children. However all the efforts and investments are not getting translated into the results in terms of improving tracking and interpersonal communication and facilitation of decision of family member in case of danger signs. The major bottlenecks are due to the very complex system of tracking and is completely dependent on the net connectivity and computerization of data, skills and practices of ANMS and AHSA despite huge investment made in improving their skills due to the weak supportive supervision and weak mechanism for refreshing their knowledge onsite and the most important the job aids are provided in the form of counselling guide which very cumbersome to manage.
* In view of the above UNICEF Rajasthan with the objective to address the multiple bottleneck with one investment has develop~~ment~~ a technology option called eJan Swasthya, which is being implemented in ~~pa~~ 10 districts of Rajasthan in partnership with Department of Medical and Health and State Institute of Health and Family Welfare.
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| 1. Purpose of Assignment: On the basis of e Jan Swasthya generate evidence on survival outcomes and growth monitoring, complicated ANCs and Sick Children survival and growth.
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| 1. Basic objectives of the Assignment:
* Build capacity of staff on EJAn Swasthay
* Monitoring of progress and survival status for age groups and timelines pre and post delivery.
* Regular monitoring and generating disaggregated score cards for sharing with the districts and state officials to facilitate actions
* Trouble shooting of challenges faced by the ANMs/ ASHAs
* Development of a training module on eJAn Swasthay
* Coordinate with the Department of Medical and Health, IT company and NIC for integration with PCTS
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| 1. Duty station: Jaipur with field visits across the state
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| 1. Duration: 11.5 months from the date of signing of contract.
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| 1. Supervisor: Health Specialist
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| 1. Major outputs, activities/tasks and deliverables with timeline: (provide detail and in quantitative terms) ⇩

*(Please ensure to keep each task and deliverables/set of deliverables, timeframe and cost of deliverable(s) in separate rows/columns)* |
| **Tasks/ Result description statement (Please make every effort to have strategic tasks and not monthly tasks)** | **End Product/ Set of deliverable (s)****The Task can be completed through 1 or 2 or 3 Sets of Deliverables** | **Time frame for each set of Deliverables** | **Cost of Task Deliverables/Output(INR)** |
| * **Task 1**
* Develop a factsheet on the basis of data submitted by frontline functionaries and do an assessment of quality of data on completeness, correctness and also triangulate it with the data on PCTS.
* Develop a road map for integration of e Jan Swasthya server with PCTS
 | * A 20 pager report on the basis data analysis and field visits to at least 30 villages and interactions with at least 300 women and children whose data is captured in the e Jan Swasthya and cover the quality of data captured on the parameters like consistency, congruency, completeness, timeliness
* A report on survival status of women and children.
 | * June 2017
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| **Task 2:*** A report on strategic actions and corrective measures to be taken for improving data quality and consistency and facilitate actions at various level and also document the result of actions.
* Develop a denominator based score card using the data submitted through eJAn Swasthya
* A refresher training of users and also documentation of meetings done with the department for integration of e Jan Swasthya with PCTS.
 | * Strategy note and status of results after facilitating corrective actions documented in 20 pager report.
* A score card on the basis of eJAn Swasthya covering denominator based outcome indicators
* A training report of refresher training of at least 30 master trainers and 100 workers regarding new features of e Jan Swasthya and documentation of progress for integration of e Jan Swasthya and PCTS.
 |  Sept 2017 |  |
| **Task 3*** Develop a denominator based score card using the data submitted through eJAn Swasthya
* Onsite support to at least 50 frontline functionaries spread over 3 months
* Coordination for integration of PCTS and e Jan Swasthya
 | * A score card on the basis of eJAn Swasthya covering denominator based outcome indicators
* A report on the basis of field visit regarding challenges faced in the field and feedback to the department
* A report on the basis of series of coordination meetings with the deptt of Medical and health, NIC and
 | Nov 2017 |  |
| **Task 4 :*** Impart training to the trainers 500 frontline functionaries using the module developed
* Develop a denominator based score card using the data submitted through eJAn Swasthya
* Onsite support to at least 50 frontline functionaries spread over 3 months
 | * A training report of imparting training and monitoring quality of training to 500 frontline functionaries
* Denominator based score card on the basis of data submitted for eJanswasthya
* Onsite support report with documented improvement.
 |  Jan 2018 |  |
| 1. Qualification or specialized knowledge/experience required for the assignment :
* Qualifications – MSW, MPH
* Professional experience – e.g. Three (3 ) years progressively responsible professional work experience at national and international levels in community process and technology innovations
* Previous experience working with UN or bilateral agency and State/ Central Government
* Language skills required e.g. spoken and written fluency in English and Hindi
* IT knowledge required.
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| 1. Conditions:
* Mention is it as per the General Terms and Conditions of the Contract or any add-ons are required.
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**Financial Bid**

**INDIVIDUAL CONSULTANT FOR SSA e Jan Swasthya Monitoring**

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| **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.) |
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A report on survival status of women and children. | June 2017 | 30 |  |  |
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* Denominator based score card on the basis of data submitted for eJanswasthya

Onsite support report with documented improvement. | Jan 2018 | 25 |  |  |
| **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 E Jan Swasthya Monitoring**

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.

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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.** Dateof 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* |
|  |  |  | O t h e r l a n g u a g e s |  |
|  | E n g l i s h  | F r e n c h |  |  |  |
| 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 |
|  |  | Mo./Year | Mo./Year | DIPLOMAS OBTAINED |
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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 |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
|  |  |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  |  |
|  | NO. AND KIND OF EMPLOYEES | REASON FOR LEAVING: |
|  | 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: |
|  |  |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  |  |
|  | 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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| 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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| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
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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: |
|  |  |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  |  |
|  | 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?  |
|  |
| **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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