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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:** **SSA Focus District Coordinator ( FDC) - Barmer** |  |
| 1. **Background:**

Since year 2013 UNICEF is partnering with Government of Rajasthan in four districts (namely Barmer, Dungarpur, Jalore and Banswara) for improving maternal and child health outcomes in these districts under ‘Call to Action’. There were 10 districts identified as high priority districts that are poor on maternal and child health indicators and require acceleration of results. A detailed gap analysis exercise was undertaken in the year 2013 where UNICEF has supported the Government of Rajasthan in identification of critical bottleneck pertaining to supply, demand, quality and enabling environment and to prepare a road map and action plan for addressing these bottlenecks. Over the course of last 3 years UNICEF has supported the Govt of Rajasthan in implementing this action plan for improving quality of services and also monitoring quality of services in the focus districts with adoption of various innovative approaches which were also adopted for state wide scale up. An action plan for addressing these bottlenecks was prepared with time lines and strategies, outlining UNICEF contribution in the area of technical support, demonstrations, supportive supervision, real time monitoring, and strengthening supply chain management. Focus district coordinator supported by UNICEF in the district has a crucial role in roll out of the various strategic and actions, supportive supervision, tracking of bottlenecks and providing support to the district in planning, implementation and supervision of agreed action plan. Many approaches were demonstrated in 4 High Priority District (HPDs) where FDCs played a crucial role and as a result of which many bottlenecks could be resolved and remaining started to be addressed. The HPD district delivery points high loaded now have a well-established mentoring mechanism with high quality MNCH service delivery, MNCH protocols being followed, labor rooms arranged as per MNH tool kit and all supplies and commodities available, functional and being used by staff. Significant improvement in staff motivation and ownership was also observed after appreciative inquiry undertaken for the staff. Monitoring and validation exercise undertaken in the districts have documented increase in availability of essential commodities, trained human resource, geographical access and utilization of services across various intervention packages particularly skilled birth attendance, community management of diarrhea and pneumonia, routine immunization and essential newborn care. The effective coverage indicators have also improved over the course of last 3 years; however, since quality improvement is a long term process and involves not only supply and demand but also an important element of behaviors and practices, districts need to sustain as well as accelerate the current momentum to attain the desired quality of care levels. Focus district coordinator plays a key catalyst role in driving the crucial supportive supervision mechanism for improvising quality of care in the districts. It is therefore essential that the current pace be sustained in the HPDs and a district coordinator continues to support the interventions and undertake SSV activities for sustained strategic actions in addressing priority service delivery and utilization gaps and bottlenecks.  |
| **Purpose of Assignment:** Undertake supportive strengthening of District systems for addressing prioritized gaps and bottlenecks that facilitate implementation of evidence based quality service delivery of essential maternal, newborn and child interventions under NHM - RMNCH+A in BARMER district, Rajasthan. |
| **Basic objectives of the Assignment:** 1. Undertake supportive supervision visits (12-15 days field visit covering 10-12 delivery points, 3- 4 MCHN sessions and 30 - 40 house to house visits per month) track & facilitate removal of critical Home Based, Outreach and facility based services bottlenecks along the continuum of care with special emphasis on cracks along the continuum of care during the window of -12 Weeks to + 12 months.
2. To strengthen the delivery of high impact evidence based interventions around intrapartum and essential newborn care through facilitation of facility onsite mentoring, perinatal death reviews, SNCU onsite mentoring, maternal death reviews and tracking of survival outcomes at identified facilities through data analysis and proving regular feedback at district level forums
3. To facilitate and strengthen mechanism for delivery of high impact evidence based community and home based maternal and newborn survival interventions through facilitation of community onsite mentoring through line supervisors specially for hard to reach and left out areas
4. To contribute in strengthening the district capacity for data analysis and use of data for local action at different review platforms available at the PHC, Block and District level like sector level meetings, block level meeting and district level meetings.
5. To facilitate local evidence generation for removing various bottlenecks and strategy implementation through strengething of real time monitoring and tracking systems in the districts for improving supportive supervision QA of MNH Care by use of technology ( E applications and modules ) at various level across all delivery platforms including monitoring and validation exercises
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| 1. **Duty station:** **BARMER** Rajasthan. The consultant will be required to travel approximately 15 days within the district as part of each set of deliverable
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| 1. **Duration** 10 months over the period of 1st March 2017 to 31st December 2017
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| 1. **Supervisor:** Health Officer/ Health Specialist
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| 1. Major tasks and deliverables with timeline: (provide detail and in quantitative terms)
2. *(Please ensure to keep each task and deliverables/set of deliverables in separate rows)*
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| **Tasks/ Result** | **End Product/ Set of deliverable (s)** | **Estimate Time frame** |
| **Task 1*** Strengthen the delivery and real time monitoring of high impact evidence based interventions around intrapartum and essential newborn care at prioritized health facilities with tracking of survival , lama, absconded
 | * 5 page detailed data analysis providing comprehensive comparative progress across individual mentored facilities (facility onsite, PPTCT & SNUC mentoring ) on removal of bottlenecks for delivery of high impact interventions around intrapartum and essential newborn care over the course of last 3 years with documentation of key learnings, challenges and success factors
* Updated 5 individual facility transformation documents on key model mentored facilities providing journey of change over 3 years
* 5 individual worker transformation documents on key agents of change (Staff clinical/ paramedical/ ancillary, Drivers of change and motivation factors)
* Create Updated Excel data base of Human Resource, Capacity Building and Delivery points for the district with 2 page note on identification of critical HR, capacity, supply and quality gaps based on SSV visits undertaken for advocacy at appropriate level
 | 2 months |
| **Task 2*** Strengthen the delivery and real time monitoring of high impact evidence based interventions for community and home based essential newborn care and child care with tracking of survival especially in LBW and SNCU cohorts.
 | * 5-10 page report on removal of critical bottlenecks at the level of frontline functionaries providing MNCH services as a result of community and outreach supportive supervision mentoring including status of sick children and referral from community level
* 2 individual case stories of newborn/child survival tracking (focus on LBW, SNCU cohort) across continuum of care across outreach, community and facility highlighting key drivers of change (staff, families, local community) learnings and challenges with focus on service provider capacity as well as practice of evidence based interventions
* 2 individual case stories demonstrating the capacity of frontline functionaries to undertake identification of danger signs and facilitate decision at family level along with tracking of maternal and newborn survival using E technology based platforms ( E Janswasthya) in coordination with SSA E Janswasthya
* 3 page report on status of maternal, perinatal death and infant reviews in the districts , challenges and actions taken to remove the bottlenecks in coordination with SSA Maternal Health & SSA FBNCU
 | 3 months |
| **Task 3*** Facilitate strengthening of supply chain logistic, technical capacity and roll out of community and facility based diarrhea and pneumonia interventions in the district
 | * A 5 page report on key bottlenecks for strengthening of diarrhea and pneumonia management in the district including opportunities and areas of capacity building in coordination with SSA Community CH
* 5 page feedback report on status of real time monitoring, use of android application by line supervisors for outreach and home services, learnings, challenges with updated analysis of the data captured through application
* 5 page report on capacity building of line supervisors on improved supportive supervision skills for diarrhea and pneumonia management
* 2 case stories on identification, tracking and management of childhood illness at community level with learnings, challenges and reflection of supportive supervision onsite community mentoring
 | 3 months |
| **Task 4*** To strengthen capacity of district functionaries and supervisors in quality supportive supervision, monitoring and validation and use of data for knowledge, evidence generation and local action including use of real time monitoring for action.
 | * 5-10 page report on the basis of data validation exercise in the district on progressive changes in services compared to 2013, 2014, 2015, 2016 exercises in coordination with SSA State Data Manager with report on status of RMNCHA services across 3 service delivery platforms with the improvement in the Effective coverage (Quality) with quality for Home, Outreach and facility based Maternal and Child Health Interventions.
* 5 page report on capacity building of district supervisors on use of E Sahyog for supportive supervision with data analysis, real time monitoring status and key bottlenecks that have started addressing as a result of use of E Sahyog.
 | 2 months |
| 1. **Qualification or specialized knowledge/experience required for the assignment :**

Master’s degree in Health management or social work or social sciencesMore than 3 years working experience at the Divisional, State or district level on the areas related to MNCH Previous experience working with UN or bilateral agency and State/ Central Government desirableLanguage skills required e.g. spoken and written fluency in English and HindiGood analytical, negotiating, communication and advocacy skills, report writing skills, negotiating skillsFunctional computer knowledge and knowledge of working on android applications essential |  |
| 1. Conditions:
* General Conditions of Contracts for the Services of Consultants / Individual Contractors
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**Financial Bid**

**RCH Focus District Coordinator, Barmer**

**INDIVIDUAL CONSULTANT FOR SSA RCH, UNICEF**

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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.) |
| **Task 1*** Strengthen the delivery and real time monitoring of high impact evidence based interventions around intrapartum and essential newborn care at prioritized health facilities with tracking of survival , lama, absconded
 | * 5 page detailed data analysis providing comprehensive comparative progress across individual mentored facilities (facility onsite, PPTCT & SNUC mentoring ) on removal of bottlenecks for delivery of high impact interventions around intrapartum and essential newborn care over the course of last 3 years with documentation of key learnings, challenges and success factors
* Updated 5 individual facility transformation documents on key model mentored facilities providing journey of change over 3 years
* 5 individual worker transformation documents on key agents of change (Staff clinical/ paramedical/ ancillary, Drivers of change and motivation factors)
* Create Updated Excel data base of Human Resource, Capacity Building and Delivery points for the district with 2 page note on identification of critical HR, capacity, supply and quality gaps based on SSV visits undertaken for advocacy at appropriate level
 | 2 months | 30 Days |  |  |
| **Task 2*** Strengthen the delivery and real time monitoring of high impact evidence based interventions for community and home based essential newborn care and child care with tracking of survival especially in LBW and SNCU cohorts.
 | * 5-10 page report on removal of critical bottlenecks at the level of frontline functionaries providing MNCH services as a result of community and outreach supportive supervision mentoring including status of sick children and referral from community level
* 2 individual case stories of newborn/child survival tracking (focus on LBW, SNCU cohort) across continuum of care across outreach, community and facility highlighting key drivers of change (staff, families, local community) learnings and challenges with focus on service provider capacity as well as practice of evidence based interventions
* 2 individual case stories demonstrating the capacity of frontline functionaries to undertake identification of danger signs and facilitate decision at family level along with tracking of maternal and newborn survival using E technology based platforms ( E Janswasthya) in coordination with SSA E Janswasthya
* 3 page report on status of maternal, perinatal death and infant reviews in the districts , challenges and actions taken to remove the bottlenecks in coordination with SSA Maternal Health & SSA FBNCU
 | 3 months | 45 Days |  |  |
| **Task 3*** Facilitate strengthening of supply chain logistic, technical capacity and roll out of community and facility based diarrhea and pneumonia interventions in the district
 | * A 5 page report on key bottlenecks for strengthening of diarrhea and pneumonia management in the district including opportunities and areas of capacity building in coordination with SSA Community CH
* 5 page feedback report on status of real time monitoring, use of android application by line supervisors for outreach and home services, learnings, challenges with updated analysis of the data captured through application
* 5 page report on capacity building of line supervisors on improved supportive supervision skills for diarrhea and pneumonia management
* 2 case stories on identification, tracking and management of childhood illness at community level with learnings, challenges and reflection of supportive supervision onsite community mentoring
 | 3 months | 45 Days |  |  |
| **Task 4*** To strengthen capacity of district functionaries and supervisors in quality supportive supervision, monitoring and validation and use of data for knowledge, evidence generation and local action including use of real time monitoring for action.
 | * 5-10 page report on the basis of data validation exercise in the district on progressive changes in services compared to 2013, 2014, 2015, 2016 exercises in coordination with SSA State Data Manager with report on status of RMNCHA services across 3 service delivery platforms with the improvement in the Effective coverage (Quality) with quality for Home, Outreach and facility based Maternal and Child Health Interventions.
* 5 page report on capacity building of district supervisors on use of E Sahyog for supportive supervision with data analysis, real time monitoring status and key bottlenecks that have started addressing as a result of use of E Sahyog.
 | 2 months | 30 Days |  |  |
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***Condition: The initial contract would be raised by UNICEF only for a period of 11 months. Only after satisfactory submission of deliverables and end year performance review a fresh contract may be issued for the duration of another 11 months with a mandatory one month break.***

*Shaded area to be filled in by consultant*

**Name of the Bidder:**

**Address:**

**Contact no.:**

**Email address:**

**Date:**

**TECHNICAL EVALUATION CRITERIA**

**FDC, Barmer**

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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| P.11 (2-74) - E |
| **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 |  |
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| 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 |  |
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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 |
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| DESCRIPTION OF YOUR DUTIES |
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| 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?  |
|  |
| **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. |
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| **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 :  |  |
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| **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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