

**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 Consultant Maternal Health - Jaipur, Rajasthan** | |  |
| 1. UNICEF office for Rajasthan is support National Health Mission Rajasthan in improving availability and accessibility to and utilization of good quality of services through L1, L2 and L3 MCH Centers for improving maternal and child survival in the state. Intrapartum care is the most critical period around continuum of care where quality implementation of key evidence based intervention can lead to large gains in both maternal and newborn health. However, during bottleneck analysis conducted in the district it was found that the quality of services around child birth are extremely poor, including skills of the staff, resource management and implementation of evidence based protocols. Also the focus on intrapartum care was not sufficient both at the policy and implementation level in the state. During last one year there is now renewed focus on quality of services being provided through the labour room including complication identification and management. Some of these gains include 10% decline in Still Birth Rate at UNICEF mentored institutions in 4 HPDs from 22/1000 total births to 18/1000 births (Source Facility Passbook) 10.5% increase in the number of deliveries catered by these institutions as compared to previous year. Increased number of health facilities performing all signal functions of BEmONC from 10% to 40% in 4 HPDs. Functional newborn care corners in all facilities now. All ten essentials of LR as per MNH tool kit available in >95% of labor rooms. Improved adherence to protocols and standard operating procedures for both newborn and maternal care. Improved complication management and stabilization with proper referral observed especially in PPH care and sick newborn. Autoclaving and sterilization practices being followed in 60% mentored facilities. Improved WASH measures at all health facilities the approach of onsite mentoring was established and demonstrated across 115 high delivery load points in 4 HPDs catering to 85% to district delivery load.   However, there are still gaps pertaining to quality supportive supervision, technical protocol implementation, review of maternal and perinatal deaths and skills of the staffs especially for complication management and care around child birth. The distribution of BEmONC services are also not equitable in the state with issues of access and staff rationalization and planning of services.  The purpose of this assignment is to provide technical support to Department of Medical, Health and Family Welfare, Government of Rajasthan for Maternal Health with focus on strengthening the delivery system for sustained quality intrapartum care. Interventions under National Health Mission. Facility level maternal health interventions include strengthening health institutions for providing comprehensive Emergency Obstetric Care (CEmOC) services, Basic Emergency Obstetric care (BEmOC) services or skilled attendance at birth. Quality Assurance of Skilled Birth Attendants # (SBA) training and post-training follow-up of service providers trained in SBA. Identify and prioritize PHCs and subcentres in far-flung, difficult and hard to reach areas and prepare an action plan for their operationalization for providing skilled attendance at in birth. Support the department in establishment of model labour rooms and implementation of maternal death reviews across the state with focus on HPDs | | |
| 1. **Purpose of Assignment:** To undertake evidence based advocacy and influencing for strengthening quality assurance mechanisms for obstetric (Intra-Partum care) and establish and document. It is evidence based linkages with survival outcomes of mother and children. | | |
| 1. **Basic objectives of the Assignment:**  * To identify and analyze bottlenecks in implementation & quality assurance of Maternal Health Services (with focus on intrapartum and immediate postpartum care) in the state with focus on high priority districts, identify strategic options, track and advocate for removal of bottlenecks and document the progress. * To monitor the quality of maternal health services interventions using standard checklist in the state, to collate and analyze data related to maternal health interventions and prepare recommendations for improvement of maternal health services different levels. * To help establish a system of building capacity supportive supervision including hands on onsite training skills of supervisors at various level with focus on quality of maternal health services with focus on 4 HPDs * Supervise collation of data on progress in implementation of maternal health interventions for strengthening perinatal care units, L2 and L1 MCH centers analyze information, prepare reports and provide inputs to Health Specialist/ Health Officer, MD NHM, Project Director MH, CH, Director RCH for relevant feedback to state, districts and health facilities. * Accelerate the process of maternal death reviews in all districts of the State, analyze information, prepare reports and provide inputs to PD MH for relevant feedback to State, districts and health facilities) * Facilitate perinatal death review in 4 HPDs and scale up along with analysis of data and prepare reports and inputs to PD MH for relevant feedback and state wise scale up * Analyze information related to use o referral Transport services in the State, prepare reports and provide inputs to PD MH for relevant feedback to State, districts and health facilities. * Create repository of maternal health resources in the state, guidelines, resource persons, experts, institutions, mentors supervisors etc. | | |
| 1. **Duty station:** **Jaipur** Rajasthan. | | |
| 1. **Duration** 3.5 months over the period of 16th Sept 2017 to 31st Dec 2017 | | |
| 1. **Supervisor:** Health Officer/ Health Specialist | | |
| 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)* | | |
| **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 | * Prepare implementation plan to organize onsite facility mentoring in 600 high load delivery points of Rajasthan. * 30 page detailed data analysis providing comprehensive comparative progress across individual mentored facilities (facility onsite) 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 * Quarterly Progress on Quality indicator for Labour Rooms of 4 High Priority District, 6 districts/Sub District Hospital, based on model labour room checklist. * Quarterly star rating for selected 71 Health Institution based on WASH indicators |  |
| **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. | * Capacity building of at least 100 health functionary as a master resource person to provide further training in districts. * 3 Pager Report of each districts for at least 4 HPDs on status of maternal, Perinatal death and infant reviews, challenges and action taken to remove the bottleneck. * Quarterly Progress on Quality indicator for Labour Rooms of 10 High Priority District, 12 districts/Sub District Hospital, based on model labour room checklist. * Quarterly star rating for selected 71 Health Institution based on WASH indicators. |  |
| 1. Qualification or specialized knowledge/experience required for the assignment :  * Master’s degree in Health management or social work or social sciences * More 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 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 and knowledge of working on android applications essential | |  |
| 1. Conditions:  * General Terms and Conditions of the Contract | |  |

**TECHNICAL EVALUATION CRITERIA**

**Consultant Maternal Health**

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.

**Financial Bid**

**Maternal Health Consultant - Jaipur**

**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 | * Prepare implementation plan to organize onsite facility mentoring in 600 high load delivery points of Rajasthan. * 30 page detailed data analysis providing comprehensive comparative progress across individual mentored facilities (facility onsite) 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 * Quarterly Progress on Quality indicator for Labour Rooms of 4 High Priority District, 6 districts/Sub District Hospital, based on model labour room checklist. * Quarterly star rating for selected 71 Health Institution based on WASH indicators | 2 months | 8-12 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. | * Capacity building of at least 100 health functionary as a master resource person to provide further training in districts. * 3 Pager Report of each districts for 4 HPDs on status of maternal, Perinatal death and infant reviews, challenges and action taken to remove the bottleneck. * Quarterly Progress on Quality indicator for Labour Rooms of 4 High Priority District, 6 districts/Sub District Hospital, based on model labour room checklist. * Quarterly star rating for selected 71 Health Institution based on WASH indicators. | 1.5 months | 8-12 Days |  |  |
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The above bid quoted should be **ALL inclusive** i.e. professional fee, travel, DSA, communication and all related expenses.

*Shaded area to be filled in by consultant*

**Name of the Bidder:**

**Address:**

**Contact no.:**

**Email address:**

**Date:**

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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. | | | | | | | | | | | | | | | |
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| **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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | |
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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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| 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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| 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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| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | | |
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| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | | |
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| 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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| **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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